Requestor's Name: P. Spivack

Serial Number: 09/921682

Date: 9/24/01 2001

Phone: 308 4703

Art Unit: 1614

7/9/98

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(A) $H_2N-CH_2-C(CH_2)_n-CH_2CO_2-G$

G = H or alkyl

n = 3-7

(B) $H_2NCH(G_3)CH(G_2)CH_2COOH$

G_1

G_1 = alkyl; phenyl, cycloalkyl

G_2 = H or alkyl

G_3 = H, ~~NH2~~ alkyl; carboxyl

(Need both A + B searched)

Point of Contact:
Mary Hale
Technical Info. Specialist
CM1 12D16 Tel: 308-4283

Thanks

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Date completed: 9/24

Searcher: Linda

Terminal time: 2:30

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Number of Searches:

Number of Databases:

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- Pre-S

Type of Search

- N.A. Sequence
- A.A. Sequence 2
- Structure 3
- Bibliographic 1

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- Other

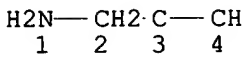
USCOMM-DC 90-3952

PTO-1590 (9-90)

* U.S. GPO: 1995-388-798/22489

Apwack
921682

=> d l5 que stat;d l10 que stat;fil medl,caplus,biosis,embase;s l5 or l10
L3 STR



NODE ATTRIBUTES:
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DEFAULT MLEVEL IS ATOM
DEFAULT ECLEVEL IS LIMITED

GRAPH ATTRIBUTES:
RING(S) ARE ISOLATED OR EMBEDDED
NUMBER OF NODES IS 5

STEREO ATTRIBUTES: NONE
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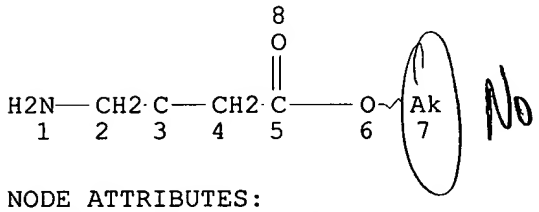
100.0% PROCESSED 317430 ITERATIONS 432 ANSWERS
SEARCH TIME: 00.00.09

L8 STR



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DEFAULT ECLEVEL IS LIMITED

GRAPH ATTRIBUTES:
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NUMBER OF NODES IS 8

STEREO ATTRIBUTES: NONE
L10 19 SEA FILE=REGISTRY SSS FUL L8

100.0% PROCESSED 134916 ITERATIONS 19 ANSWERS
SEARCH TIME: 00.00.08

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	269.29	269.44

FILE 'MEDLINE' ENTERED AT 15:18:09 ON 24 SEP 2001

Prepared by M. Hale 308-4258

FILE 'CAPLUS' ENTERED AT 15:18:09 ON 24 SEP 2001
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L11 681 FILE MEDLINE
L12 473 FILE CAPLUS
L13 1082 FILE BIOSIS
L14 2402 FILE EMBASE

TOTAL FOR ALL FILES
L15 4638 L5 OR L10

=> fil medline;e insomnia/ct 5

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	29.39	298.83

FILE 'MEDLINE' ENTERED AT 15:18:54 ON 24 SEP 2001

FILE LAST UPDATED: 20 SEP 2001 (20010920/UP). FILE COVERS 1958 TO DATE.

On April 22, 2001, MEDLINE was reloaded. See HELP RLOAD for details.

MEDLINE now contains IN-PROCESS records. See HELP CONTENT for details.

MEDLINE is now updated 4 times per week. A new current-awareness alert frequency (EVERYUPDATE) is available. See HELP UPDATE for more information.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2001 vocabulary. Enter HELP THESAURUS for details.

The OLDMEDLINE file segment now contains data from 1958 through 1965. Enter HELP CONTENT for details.

Left, right, and simultaneous left and right truncation are available in the Basic Index. See HELP SFIELDS for details.

THIS FILE CONTAINS CAS REGISTRY NUMBERS FOR EASY AND ACCURATE SUBSTANCE IDENTIFICATION.

ADDITIONAL TERMS AVAILABLE BY USING "INSOMNIA+XUSE/CT"

E#	FREQUENCY	AT	TERM
E1	0	1	INSOLVENCY/CT
E2	0	2	INSOLVENCY, FINANCIAL/CT

```
E3            0      2 --> INSOMNIA/CT
E4            0      2     INSOMNIA DISORDER/CT
E5            0      2     INSOMNIA DISORDERS/CT

=> e e3+all/ct
E1            0    -->   Insomnia/CT
E2         3744    USE   Sleep Initiation and Maintenance Disorders/CT
*********  END***

=> fil caplus;e insomina/ct 5
COST IN U.S. DOLLARS                                  SINCE FILE      TOTAL
                                                         ENTRY    SESSION
FULL ESTIMATED COST                                       0.30     299.13

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FILE LAST UPDATED: 23 Sep 2001  (20010923/ED)

  This file contains CAS Registry Numbers for easy and accurate
  substance identification.

  This file supports REG1stRY for direct browsing and searching of
  all substance data from the REGISTRY file.  Enter HELP FIRST for
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E#   FREQUENCY     AT      TERM
--   ---------     --      ----
E1            0      1     INSOLITUM/CT
E2            0      1     INSOLITUS/CT
E3            0        --> INSOMINA/CT
```

```
E4          398      6      INSOMNIA/CT
E5            0      1      INSPARSA/CT

=> e e4+all/ct
E1         4155    BT4  Disease, animal/CT
E2            0      BT3  Diseases, by body part (non-CA heading)/CT
E3        15185        BT2  Brain, disease/CT
E4        17683          BT1  Mental disorder/CT
E5          398            -->  Insomnia/CT
                             HN   Valid heading during volume 66 (1967) to
                                  present.
E6                           UF   Sleep (L) disorder, insomnia/CT
*********  END***

=> s e5-e6
            398 INSOMNIA/CT
           6391 SLEEP/CT
         143060 DISORDER/IT
          47636 DISORDERS/IT
         181677 DISORDER/IT
                  ((DISORDER OR DISORDERS)/IT)
            441 INSOMNIA/IT
              0 "SLEEP (L) DISORDER, INSOMNIA"/CT
L16         398 (INSOMNIA/CT OR "SLEEP (L) DISORDER, INSOMNIA"/CT)

=> fil medl,caplus,biosis,embase,wpids,jicst;s (l16 or insomnia or
sleep(2a)disorder or sleep initiation (l)maintenace disorder?)
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                     7.19     306.32

FILE 'MEDLINE' ENTERED AT 15:20:53 ON 24 SEP 2001

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L17       13605 FILE MEDLINE
L18        2001 FILE CAPLUS
L19        6631 FILE BIOSIS
L20       17886 FILE EMBASE
```

```
L21        1662 FILE WPIDS
L22        3961 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L23       45746 (L16 OR INSOMNIA OR SLEEP(2A) DISORDER OR SLEEP INITIATION (L)
                MAINTENACE DISORDER?)

=> s l15 and l23
L24           7 FILE MEDLINE
L25           7 FILE CAPLUS
L26           9 FILE BIOSIS
L27         127 FILE EMBASE

FILE 'WPIDS'
L15 MAY NOT BE USED HERE
L28           0 FILE JICST-EPLUS
The L-number entered was not created by a STRUCTURE or SCREEN command.

=> fil medl,caplus,biosis,embase;s l15 and l23
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                         ENTRY    SESSION
FULL ESTIMATED COST                                      25.69     332.01

FILE 'MEDLINE' ENTERED AT 15:21:38 ON 24 SEP 2001

FILE 'CAPLUS' ENTERED AT 15:21:38 ON 24 SEP 2001
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L29           7 FILE MEDLINE
L30           7 FILE CAPLUS
L31           9 FILE BIOSIS
L32         127 FILE EMBASE

TOTAL FOR ALL FILES
L33         150 L15 AND L23

=> dup rem l33
PROCESSING COMPLETED FOR L33
L34         144 DUP REM L33 (6 DUPLICATES REMOVED)

=> s l33 and (treat? or therap?)
L35           7 FILE MEDLINE
L36           6 FILE CAPLUS
L37           8 FILE BIOSIS
L38         125 FILE EMBASE
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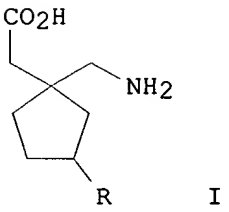
TOTAL FOR ALL FILES
L39 146 L33 AND (TREAT? OR THERAP?)

=> dup rem l39
PROCESSING COMPLETED FOR L39
L40 140 DUP REM L39 (6 DUPLICATES REMOVED)

=> d cbib abs 1-140

L40 ANSWER 1 OF 140 CAPLUS COPYRIGHT 2001 ACS
2001:435024 Document No. 135:19914 Method for the stereoselective synthesis of cyclic amino acids. Bryans, Justin Stephen; Blakemore, David Clive; Williams, Sophie Caroline (Warner-Lambert Company, USA). PCT Int. Appl. WO 2001042190 A1 20010614, 215 pp. DESIGNATED STATES: W: AE, AG, AL, AU, BA, BB, BG, BR, BZ, CA, CN, CR, CU, CZ, DM, DZ, EE, GD, GE, HR, HU, ID, IL, IN, IS, JP, KP, KR, LC, LK, LR, LT, LV, MA, MG, MK, MN, MX, MZ, NO, NZ, PL, RO, SG, SI, SK, SL, TR, TT, UA, US, UZ, VN, YU, ZA, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM; RW: AT, BE, BF, BJ, CF, CG, CH, CI, CM, CY, DE, DK, ES, FI, FR, GA, GB, GR, IE, IT, LU, MC, ML, MR, NE, NL, PT, SE, SN, TD, TG, TR. (English). CODEN: PIXXD2. APPLICATION: WO 2000-US32570 20001130. PRIORITY: US 1999-PV169602 19991208.
GI



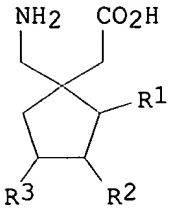
I

AB Stereoisomeric 1-(aminomethyl)cyclopentylacetic acid derivs. I (R = C1-10 alkyl or C3-C10 cycloalkyl) or their pharmaceutically acceptable salts were prepd. for **treatment** of epilepsy, faintness attacks, hypokinesia, cranial disorders, neurodegenerative disorders, depression, anxiety, panic, pain, neuropathol. disorders, gastrointestinal disorders such as irritable bowel syndrome (IBS), inflammation esp. arthritis, **sleep disorders**, premenstrual syndrome, and hot flashes. Compds. I are 3-substituted cyclopentyl-based analogs of gabapentin. Thus, (1S,3R)-1-(aminomethyl)-3-methylcyclopentylacetic acid hydrochloride was prepd. by a multistep procedure starting with the condensation of (R)-(+)-3-methylcyclopentanone with Et cyanoacetate.

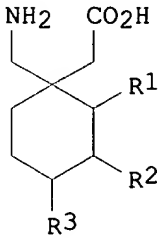
L40 ANSWER 2 OF 140 CAPLUS COPYRIGHT 2001 ACS
2001:300663 Document No. 134:326763 Preparation of bicyclic amino acids as pharmaceutical agents. Bryans, Justin Stephen; Blakemore, David Clive; Osborne, Simon; Receveur, Jean-marie (Warner-Lambert Company, USA). PCT Int. Appl. WO 2001028978 A1 20010426, 62 pp. DESIGNATED STATES: W: AE, AG, AL, AU, BA, BB, BG, BR, BZ, CA, CN, CR, CU, CZ, DM, DZ, EE, GD, GE, HR, HU, ID, IL, IN, IS, JP, KP, KR, LC, LK, LR, LT, LV, MA, MG, MK, MN,

MX, MZ, NO, NZ, PL, RO, SG, SI, SK, SL, TR, TT, UA, US, UZ, VN, YU, ZA, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM; RW: AT, BE, BF, BJ, CF, CG, CH, CI, CM, CY, DE, DK, ES, FI, FR, GA, GB, GR, IE, IT, LU, MC, ML, MR, NE, NL, PT, SE, SN, TD, TG. (English). CODEN: PIXXD2. APPLICATION: WO 2000-US28687 20001017. PRIORITY: US 1999-PV160725 19991020.

GI



I



II

AB Bicyclic amino acids I and II [R1 = H, R2R3 = (CH2)n or R1R2 = (CH2)n, R3 = H, where n = 1-4] were prepd. for use in the **treatment** of epilepsy, faintness attacks, hypokinesia, cranial disorders, neurodegenerative disorders, depression, anxiety, panic, pain, arthritis, neuropathol. **disorders**, and **sleep disorders**. Thus, trans-2-(aminomethyl)octahydroinden-2-acetic acid (III) hydrochloride was prepd. from trans-octahydroinden-2-one by condensation with tri-Et phosphonoacetate and nitromethane, catalytic hydrogenation, and **treatment** with 6 N HCl. Amino acid III showed .alpha.2.delta. binding affinity > 10 .mu.M.

L40 ANSWER 3 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

2001311053 EMBASE Evaluating the new antiepileptic drugs: Balancing benefits and adverse effects. Privitera M.D.; Bergey G.K.; Smith M.C.. Dr. M.D. Privitera, Department of Neurology, University of Cincinnati, Cincinnati, OH, United States. CNS Spectrums 6/7 (599-603) 2001. ISSN: 1092-8529. CODEN: CNSPFH. Pub. Country: United States. Language: English. Summary Language: English.

AB Eight new antiepileptic drugs (AEDs) have been introduced since 1993 and clinicians are now faced with a complex array of **treatment** choices. In evaluating the newly available drugs, it is important to analyze the different aspects of these agents. Some of the more important characteristics to be aware of are efficacy, adverse effects, pharmacokinetics, and mechanisms of action. One of the factors complicating **treatment** choice is the absence of comparative head-to-head clinical trials between the new AEDs. While in some cases it is possible to draw conclusions from the results of randomized, controlled triah that have tested medications against placebo or older drugs, often physicians have to rely on open-label data or personal experiences in selecting the right medications for specific cases. Trends suggest that the new AEDs are more efficacious compared to the older AEDs, but the major potential benefits of the new drugs are their better safety, tolerability, and cognitive profiles and more desirable pharmacokinetics. It is obvious that there is a need to redefine the concept of "successful"

treatment of epilepsy. Patients need to be individually evaluated and, in addition to controlling seizures, tolerability should be taken into consideration in finding the most appropriate **treatment** regimen.

L40 ANSWER 4 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001191236 EMBASE 7: Epilepsy. Herkes G.K.. Dr. G.K. Herkes, North Shore Medical Centre, 66 Pacific Highway, St. Leonards, NSW 2065, Australia. gkherkes@onaustralia.com.au. Medical Journal of Australia 174/10 (534-539) 21 May 2001.
Refs: 27.
ISSN: 0025-729X. CODEN: MJAUAJ. Pub. Country: Australia. Language: English. Summary Language: English.
AB Epilepsy may be associated with major social and medical problems, and counselling of patient and family is essential for good management. The workup of a person with a seizure includes history, physical examination, and laboratory testing. An electroencephalogram is essential to help classify the seizure and epilepsy type. Neuroimaging (preferably by magnetic resonance imaging) helps to exclude a structural abnormality. Seizures can be controlled with a single drug (monotherapy) in 70% of patients. The incidence of drug side effects is increased if more than one drug is used. Pregnancy is associated with an increased risk of seizures in 30% of women with epilepsy. Frequent assessment throughout pregnancy is important. There is a slightly increased risk of congenital malformation associated with the antiepileptic drugs. Folic acid supplementation is advisable.

L40 ANSWER 5 OF 140 MEDLINE DUPLICATE 1
2001435143 Document Number: 21196757. PubMed ID: 11302405. Gabapentin for **treatment** of behavioral and psychological symptoms of dementia.
Miller L J. (Memorial Hermann Southwest Hospital, Houston, TX 77074-1802, USA.. lisa_miller@MHHS.org) . ANNALS OF PHARMACOTHERAPY, (2001 Apr) 35 (4) 427-31. Journal code: BBX; 9203131. ISSN: 1060-0280. Pub. country: United States. Language: English.
AB OBJECTIVE: To report the use of gabapentin in the **treatment** of behavioral and psychological symptoms of dementia (BPSD) and to review the available literature relating to the use of gabapentin in this population.
CASE SUMMARY: A 62-year-old white man was admitted to the hospital due to a worsening state of confusion, anxiety, depressed mood, **insomnia**, and verbal and physical aggressiveness toward his wife. He had a past medical history significant for vascular dementia. He had been intolerant of or had failed to respond to numerous antidepressants, benzodiazepines, and neuroleptics. The addition of gabapentin to the patient's medication regimen resulted in reduced agitation, sexual inappropriateness, and lability. He was discharged to his home on a dose of gabapentin 300 mg three times daily. DATA SOURCES: A MEDLINE search (1966-August 2000) was performed to identify case reports and clinical trials discussing the efficacy of gabapentin in the **treatment** of BPSD. DISCUSSION:

Gabapentin, like other anticonvulsants, has been used with success in several psychiatric illnesses. Available literature indicates that the drug may have some efficacy in the **treatment** of BPSD. It has a favorable adverse effect profile in the elderly, which makes it an attractive altemative to standard **therapies**, including benzodiazepines and neuroleptics. Optimal dosing remains unclear. CONCLUSIONS: This case suggests that gabapentin is a reasonable alternative **therapy** for patients whose behavioral symptoms do not respond to conventional agents.

L40 ANSWER 6 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001209383 EMBASE [Restless legs syndrome and periodic limb movements in sleep]. RESTLESS-LEGS-SYNDROM UND "PERIODIC LIMB MOVEMENTS IN SLEEP". Trenkwalder C.; Wetter T.C.; Stiasny K.; Clarenbach P.. Dr. C. Trenkwalder, Georg-August-Universitat Gottingen, Abteilung Klinische Neurophysiologie, Robert-Koch-Str. 40, 37075 Gottingen, Germany. ctrenkw@gwdg.de. Nervenarzt 72/6 (425-436) 2001.
Refs: 85.
ISSN: 0028-2804. CODEN: NERVAF. Pub. Country: Germany. Language: German. Summary Language: English; German.
AB Restless legs syndrome is one of the most common neurological disorders, with a prevalence of 2% to 9% in the elderly population. Sensory and motor symptoms of the legs and an urge to move that occur at rest may lead to severe sleep disturbances and are part of the syndrome. Typical history and normal neurological examination lead to the clinical diagnosis. Additional laboratory and neurophysiological investigations are necessary to rule out associated diseases. The indication for polysomnography to record periodic limb movements in sleep must be discussed in individual cases. **Treatment** strategies will be recommended individually according to the disease severity. In this article we present an overview of the clinical symptomatology and include recommendations on diagnosis and **treatment** of RLS and differentiation of RLS from periodic limb movement disorder. To this purpose, the Motor System and Sleep Work Group of the German Society of Sleep Medicine presents modified guidelines for diagnosis and **treatment** of RLS according to recent recommendations of the American **Sleep Disorder** Association.

L40 ANSWER 7 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001192974 EMBASE Sleep abnormalities during abstinence in alcohol-dependent patients: Aetiology and management. Landolt H.-P.; Gillin J.C.. Dr. J.C. Gillin, University of California, Mental Hlth. Clinic. Research Center, Psychiatry Service (116-A), 3350 La Jolla Village Drive, San Diego, CA 92161, United States. jgillin@ucsd.edu. CNS Drugs 15/5 (413-425) 2001.
Refs: 131.
ISSN: 1172-7047. CODEN: CNDREF. Pub. Country: New Zealand. Language: English. Summary Language: English.
AB Virtually every type of sleep problem occurs in alcohol-dependent patients. Typically, these individuals take a longer time to fall asleep and show decreased sleep efficiency, shorter sleep duration and reduced amounts of slow wave sleep when compared with healthy controls. Their sleep patterns are fragmented, and the typical time course of electroencephalogram (EEG) delta wave activity is severely disrupted. The

amount of rapid eye movement (REM) sleep may be reduced or increased. Sleep changes can persist during months or years of abstinence, and recent studies indicate that certain alterations in sleep architecture, as well as subjective sleep complaints, predict relapse to alcoholism. The mechanisms of action of short and long term alcohol administration on sleep are incompletely understood. They may arise from an interaction with .gamma.-aminobutyric acid (GABA), serotonin (5-hydroxytryptamine; 5-HT), adenosine or other neurotransmitter systems. While only a few pharmacological and nonpharmacological strategies to improve or normalise disturbed sleep in individuals who have recovered from alcoholism have been studied, the use of benzodiazepines, other hypnosedatives or selective serotonin reuptake inhibitors is not recommended. **Therapies** include sleep hygiene, bright light **therapy**, meditation, relaxation methods, and other nonpharmacological approaches. Further studies are needed to clarify the relationship between sleep, sleep abnormalities and alcoholism, and to establish new approaches to improve sleep in alcohol-dependent patients and to prevent withdrawal reactions that affect sleep during abstinence.

L40 ANSWER 8 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001210667 EMBASE Lamotrigine: A review of clinical studies in bipolar disorders. Zerjav-Lacombe S.; Tabarsi E.. Dr. S. Zerjav-Lacombe, Department of Pharmacy, Riverview Hospital, 500 Lougheed Highway, Port Coquitlam, BC V3C 4J2, Canada. szerjav@bcmhs.bc.ca. Canadian Journal of Psychiatry 46/4 (328-333) 2001.
Refs: 26.
ISSN: 0706-7437. CODEN: CJPSDF. Pub. Country: Canada. Language: English. Summary Language: English; French.
AB Objective: This article reviews published studies on the use of lamotrigine in the **treatment** of bipolar disorder (BD). Method: We performed a Medline search to identify the literature data base available on double-blind, open-label studies and case series on the use of lamotrigine to **treat** BD. Results: Three double-blind studies, 3 open-label studies, and 2 case series have been conducted to date (n = 401 patients). Most patients were either nonresponders or partial responders to other mood stabilizers. Overall, 50% to 83% of the patients responded to lamotrigine; doses in the studies ranged from 50 to 400 mg daily. Switching to mania while on 200 mg of lamotrigine or more was extremely rare, and there were no reports of serious adverse effects during the study periods. Conclusion: Lamotrigine is proving to be an effective agent in the **treatment** of BD and may be useful for patients who have not responded to other mood stabilizers.

L40 ANSWER 9 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001015509 EMBASE Neurotropic and psychotropic drugs in dermatology. Tennyson H.; Levine N.. Dr. N. Levine, Section of Dermatology, University of Arizona, 1605 North Campbell Avenue, Tucson, AZ 85724-5038, United States. nlevine@u.arizona.edu. Dermatologic Clinics 19/1 (179-197) 2001.
Refs: 180.
ISSN: 0733-8635. CODEN: DRMCDJ. Pub. Country: United States. Language: English. Summary Language: English.

AB Several psychotropic and neurotropic agents are useful in **treating** patients with skin diseases such as obsessive compulsive skin manipulation, delusions of parasitosis, generalized pruritus, and post-herpetic neuralgia. The mechanism of action of these agents is based on their interaction with central and peripheral neuronal receptors. The medications discussed in this article include the tricyclic antidepressants, serotonin reuptake inhibitors, naltrexone, pimozide, and gabapentin. The pharmacology, mechanism of action, adverse effects, drug interactions, and monitoring guidelines are outlined for each of these drugs.

L40 ANSWER 10 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001296534 EMBASE Drug-related hyperthermia. Dharmarajan T.S.; Bullecer M.F.;
Gorich G.. Dr. T.S. Dharmarajan, 31 Pheasant Run, Scarsdale, NY 10583, United States. Journal of the American Medical Directors Association 2/4 (160-165) 2001.
Refs: 22.
ISSN: 1525-8610. CODEN: JAMDC2. Pub. Country: United States. Language: English. Summary Language: English.
AB The elderly are prone to disorders of thermoregulation. Hyperthermia, an elevation of core temperature, occurs as a result of several causes in older subjects. The elderly, particularly in nursing homes, are often prescribed multiple medications. Physiological changes with aging and the use of numerous predisposing drugs can contribute to disorders of temperature regulation. Presented is a dramatic case of drug- related hyperthermia in a nursing home resident with an adverse outcome in spite of recognition and **treatment** of the disorder.

L40 ANSWER 11 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001216665 EMBASE Restless legs syndrome: A review of clinical and pathophysiologic features. Allen R.P.; Earley C.J.. Dr. R.P. Allen, Johns Hopkins University, Bayview Medical Center, A Building 6-C, 4940 Eastern Avenue, Baltimore, MD 21224, United States. Journal of Clinical Neurophysiology 18/2 (128-147) 2001.
Refs: 147.
ISSN: 0736-0258. CODEN: JCNEEQ. Pub. Country: United States. Language: English. Summary Language: English.
AB Restless legs syndrome (RLS), although long ignored and still much underdiagnosed, disrupts the life and sleep considerably of those who have
it. Recent clinical and basic research provides for better definition and pathophysiologic understanding of the disorder. The body of knowledge about this disorder has been expanding rapidly during the past decade and it has altered our concepts of this disorder. This review of RLS covers history, diagnosis, morbidity of sleep disturbance, relation to periodic limb movements in both sleep and waking, secondary causes, severity assessment methods, phenotypes for possible genetic patterns, epidemiology, pathophysiology, and medical **treatment** considerations. The emphasis on pathophysiology includes consideration of central nervous system localization, neurotransmitter and other systems involved, and the role of iron metabolism. Studies to date support the authors' recently advanced iron-dopamine model of RLS.

L40 ANSWER 12 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

2001153137 EMBASE Restless legs syndrome. Glasauer F.E.. F.E. Glasauer, c/o State University of New York, Neurosurgery Editorial Office, 3 Gates Circle, Buffalo, NY 14209-1194, United States. Spinal Cord 39/3 (125-133)
2001.
Refs: 118.
ISSN: 1362-4393. CODEN: SPCOFM. Pub. Country: United Kingdom. Language: English. Summary Language: English.

AB Restless Legs Syndrome (RLS) is a well-defined symptom complex and is frequently associated with sleep disturbance and a recognized family history. It occurs either as idiopathic RLS or in association with many medical, neurological or vascular disorders. The neurological examination and routine investigations in idiopathic RLS are normal. Polysomnography supports the diagnosis of RLS by documenting the associated sleep disturbances and periodic limb movements in sleep (PLMS). Although MRI studies disclose no intracerebral lesions, recent Positron Emission Tomography (PET) and single photon emission computed tomography (SPECT) studies point to some involvement of the basal and red nuclei and the cerebellum. No definitive etiology is known for this condition, but several pathophysiological mechanisms have been proposed. There is supportive evidence that RLS is a Central Nervous System (CNS) dysfunction, suggesting widespread involvement of the descending dopaminergic (DA) pathways, possibly originating in the diencephalon or upper brainstem. This is corroborated by the successful **treatment** of RLS with DA agents, sedatives, and neurotransmitters. However, RLS can also occur with spinal disorders and spinal cord lesions implying the existence of a spinal generator. The incidence of RLS in pregnancy is well known and its association with vascular disorders supports another mechanism in some patients. The primary **treatment** of RLS is largely symptomatic and quite effective with DA agents, DA agonists, opioids and other neurotransmitters. The **treatment** of RLS associated with various diseases is aimed at the correction of the underlying pathological or deficiency states. Antidepressant medications frequently precipitate or worsen the condition of RLS.

L40 ANSWER 13 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001040686 EMBASE New avenues in **treatment** of paediatric migraine: A review of the literature. Pakalnis A.. A. Pakalnis, Section of Neurology, Columbus Children's Hospital, 700 Children's Drive, Columbus, OH 43206, United States. Family Practice 18/1 (101-106) 2001.
Refs: 46.
ISSN: 0263-2136. CODEN: FAPREH. Pub. Country: United Kingdom. Language: English. Summary Language: English.

AB Background. Headaches are a common problem in paediatric practice. Recurrent headaches can be a significant source of stress for patient and parents, and disruptive regarding school obligations and parental work responsibilities. Most **treatment** interventions are developed from research data extrapolated from adult studies, with resultant concerns of safety and efficacy when utilizing these **therapeutic** conclusions in children. Methods. This paper incorporates current **treatment** strategies in paediatric migraine utilizing a Medicine search of English language studies from January 1988 to December 1999, with a literature search referencing the terms of paediatrics, migraines, headaches, **therapy** and **treatment**. Reference sections

of the articles were reviewed for pertinent information prior to January 1988. Articles were evaluated systematically to formulate concise terms for diagnosis of paediatric migraine and applicability to clinical **treatment** studies. Particular emphasis was placed on newer options with relevance in adult **treatment** such as triptans and anti-epileptic drugs, and their benefit in **therapy** of paediatric migraine. Non-pharmacological options were also subjected to organized review to determine relevance in **treatment** of paediatric migraine. Results. The review of the literature indicates that although migraine in childhood and adolescence appears to be increasing in prevalence, few clinical studies are available, with most current **treatment** recommendations utilizing data from adult studies. Conclusion. Further headache **treatment** studies in the paediatric population are necessary in order to ascertain safety and efficacy of pharmaco-**therapeutics** in these children. Also, much current interest in **treatment** in adults with recurrent headaches involves non-pharmacological areas - dietary modification and stress management. Application of these avenues especially warrants further clarification with regard to relevance in paediatric migraine **treatment**.

L40 ANSWER 14 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001161195 EMBASE Preventive **therapy** in pediatric migraine.
Wasiewski W.W.. Dr. W.W. Wasiewski, Mayday Pediatric Headache Center, 2108
Harrisburg Pike, Lancaster, PA 17601, United States. wwwasiew@lha.org.
Journal of Child Neurology 16/2 (71-78) 2001.
Refs: 37.
ISSN: 0883-0738. CODEN: JOCNEE. Pub. Country: Canada. Language: English.
Summary Language: English.
AB Preventive **therapy** for migraine headache includes identification of migraine precipitants, possible adjustments in lifestyle, appropriate management of acute headache, and, when necessary, the use of pharmacologic agents. There are no well-controlled clinical trials with sufficient patient numbers to support the use of any agent in the prevention of migraine headache in children. Data on the use of amitriptyline and divalproex sodium in open-label studies suggest that these agents may be efficacious. The mechanism of action for these agents is unknown but may be related to the 5-hydroxytryptamine-2 (5-HT(2)) receptor antagonism or regulation of ion channels. A review of the pertinent literature on migraine prophylaxis in children is presented. Dosing guidelines are presented based on the limited data available and clinical experience.

L40 ANSWER 15 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001169015 EMBASE Epilepsy. Schachter S.C.. Dr. S.C. Schachter, 330 Brookline
Ave., K-478, Boston, MA 02215, United States.
sschacht@caregroup.harvard.edu. Neurologic Clinics 19/1 (57-78) 2001.
Refs: 114.
ISSN: 0733-8619. CODEN: NECLEG. Pub. Country: United States. Language: English. Summary Language: English.
AB Epilepsy is a frequency encountered disorder in neurologic practice. While
new **treatments** and approaches to **therapy** have improved

the quality of life for more patients than ever before, physicians must still obtain thorough histories, proceed judiciously with diagnostic testing, and communicate closely with patients to achieve successful outcomes.

L40 ANSWER 16 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001300931 EMBASE Management strategies for refractory localization-related seizures. Brodie M.J.. Dr. M.J. Brodie, Epilepsy Unit, Deparment of Medicine, Western Infirmary, Glasgow G11 6NT, United Kingdom. martin.j.brodie@clinmed.gla.ac.uk. Epilepsia 42/SUPPL. 3 (27-30) 2001. Refs: 22.
ISSN: 0013-9580. CODEN: EPILAK. Pub. Country: United States. Language: English. Summary Language: English.
AB Localization-related epilepsy, the most common type of seizure disorder, often provides major management problems. Five new antiepileptic drugs (AEDs) with different mechanisms of action have been licensed in the United Kingdom in the 1990s for adjunctive use in the management of poorly controlled partial seizures. These were, in chronologic order, vigabatrin, lamotrigine, gabapentin, topiramate, and tiagabine. Their practical deployment is explored here. Mention also is made of clobazam and acetazolamide. Combination **therapy** with two or even three AEDs having complementary pharmacologic effects can provide an essential contribution to the management of partial seizures. This article discusses some of the pharmacologic strategies used in **treating** patients with refractory localization-related epilepsy.

L40 ANSWER 17 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001135828 EMBASE Medical management of spasticity in stroke. Barnes M.P.. M.P. Barnes, Hunters Moor Reg. Neurorehab. Centre, Hunters Road, Newcastle upon Tyne NE2 4NR, United Kingdom. m.p.barnes@btinternet.com. Age and Ageing 30/SUPPL. 1 (13-16) 2001.
Refs: 14.
ISSN: 0002-0729. CODEN: AANGAH. Pub. Country: United Kingdom. Language: English.

L40 ANSWER 18 OF 140 MEDLINE
2000084852 Document Number: 20084852. PubMed ID: 10618048. Gabapentin **treatment** for **insomnia** associated with alcohol dependence. Karam-Hage M; Brower K J. AMERICAN JOURNAL OF PSYCHIATRY, (2000 Jan) 157 (1) 151. Journal code: 3VG; 0370512. ISSN: 0002-953X. Pub. country: United States. Language: English.

L40 ANSWER 19 OF 140 CAPLUS COPYRIGHT 2001 ACS
2000:900604 Document No. 134:56955 Preparation of substituted .beta.-alkyl-.gamma.-aminobutyric acids as **therapeutic** agents with pharmacologic properties comparable to or better than gabapentin. Belliotti, Thomas Richard; Bryans, Justin Stephen; Ekhato, Ihoezo Victor; Osuma, Augustine Tobi; Schelkun, Robert Michael; Schwarz, Roy Douville; Thorpe, Andrew John; Wise, Lawrence David; Wustrow, David Juergen; Yuen, Po-Wai (Warner-Lambert Company, USA). PCT Int. Appl. WO 2000076958 A2

20001221, 125 pp. DESIGNATED STATES: W: AE, AG, AL, AU, BA, BB, BG, BR, CA, CN, CR, CU, CZ, DM, DZ, EE, GD, GE, HR, HU, ID, IL, IN, IS, JP, KP, KR, LC, LK, LR, LT, LV, MA, MG, MK, MN, MX, MZ, NO, NZ, PL, RO, SG, SI, SK, SL, TR, TT, UA, US, UZ, VN, YU, ZA, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM; RW: AT, BE, BF, BJ, CF, CG, CH, CI, CM, CY, DE, DK, ES, FI, FR, GA, GB, GR, IE, IT, LU, MC, ML, MR, NE, NL, PT, SE, SN, TD, TG. (English). CODEN: PIXXD2. APPLICATION: WO 2000-US15070 20000531. PRIORITY: US 1999-PV138485 19990610.

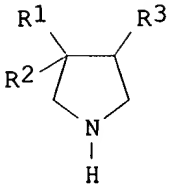
AB MeCH(R2)CH(R1)CH(CH2NH2)CH2CO2H [R1 = H, C1-6 alkyl, Ph; R2 = C1-8 alkyl, C2-8 alkenyl, C3-7 cycloalkyl, C1-6 alkoxy, alkylcycloalkyl, alkylalkoxy, alkylhydroxy, alkylphenyl, alkylphenoxy, (substituted)phenyl; R1 = C1-6 alkyl or Ph when R2 = Me] were prepd. For example, (3S)-3-aminomethyl-5-methyloctanoic acid (I) was synthesized in five steps from Me 1-[(S)-1-phenylethyl]-2-oxo-(4S)-pyrrolidinecarboxylate (derived from di-Me itaconate). In a radioligand binding assay using [3H]gabapentin, I had IC50 = 0.0126 .mu.M.

L40 ANSWER 20 OF 140 CAPLUS COPYRIGHT 2001 ACS

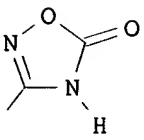
2000:861675 Document No. 134:29304 Pyrrolidine derivatives as gabapentin analogs with antiepileptic, anxiolytic and analgesic activity.

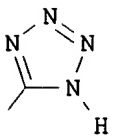
Belliotti, Thomas Richard; Thorpe, Andrew John; Wustrow, David Juergen (Warner-Lambert Company, USA). PCT Int. Appl. WO 2000073300 A1 20001207, 20 pp. DESIGNATED STATES: W: AE, AG, AL, AU, BA, BB, BG, BR, CA, CN, CR, CU, CZ, DM, DZ, EE, GD, GE, HR, HU, ID, IL, IN, IS, JP, KP, KR, LC, LK, LR, LT, LV, MA, MG, MK, MN, MX, NO, NZ, PL, RO, SG, SI, SK, SL, TR, TT, UA, US, UZ, VN, YU, ZA, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM; RW: AT, BE, BF, BJ, CF, CG, CH, CI, CM, CY, DE, DK, ES, FI, FR, GA, GB, GR, IE, IT, LU, MC, ML, MR, NE, NL, PT, SE, SN, TD, TG. (English). CODEN: PIXXD2. APPLICATION: WO 2000-US11399 20000428. PRIORITY: US 1999-PV137096 19990602.

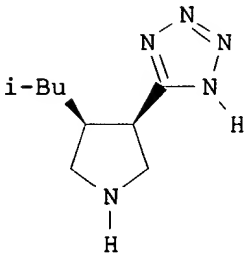
GI



I

Q1 = 

Q2 = 



II

AB The instant invention is a novel series of pyrrolidine derivs. I [R1, R2 =
independently H, alkyl or taken together with the carbon atom to which they are attached form a carbocyclic ring of 3-8 carbon atoms; R3 = Q1 or Q2] useful in the **treatment** of epilepsy, faintness attacks, hypokinesia, cranial disorders, neurodegenerative disorders, depression, anxiety, panic, pain, neuropathol. **disorders**, and **sleep disorders**. Processes for the prepn. and intermediates useful in the prepn. are also disclosed. Thus, II can be prepd. in four steps with the tetrazole ring forming via a cyclocondensation reaction of sodium azide with the corresponding N-BOC protected cyanopyrrolidine deriv. The compds. of the invention exhibited good binding affinity to the .alpha.2.delta. subunit of calcium channels (no data), and showed significant activity in both the carrageenan-induced hyperalgesia model and the Vogel conflict assay.

L40 ANSWER 21 OF 140 CAPLUS COPYRIGHT 2001 ACS
2000:241280 Document No. 132:289605 Calcium channel .alpha.2.delta.-C and .alpha.2.delta.-D subunits and their genes. Johns, Margaret Ann; Moldover, Brian; Offord, James David (Warner-Lambert Company, USA). PCT Int. Appl. WO 2000020450 A2 20000413, 88 pp. DESIGNATED STATES: W: AE, AL, AU, BA, BB, BG, BR, CA, CN, CR, CU, CZ, DM, EE, GD, GE, HR, HU, ID, IL, IN, IS, JP, KP, KR, LC, LK, LR, LT, LV, MG, MK, MN, MX, NO, NZ, PL, RO, SG, SI, SK, SL, TR, TT, TZ, UA, US, UZ, VN, YU, ZA, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM; RW: AT, BE, BF, BJ, CF, CG, CH, CI, CM, CY, DE, DK, ES, FI, FR, GA, GB, GR, IE, IT, LU, MC, ML, MR, NE, NL, PT, SE, SN, TD, TG. (English). CODEN: PIXXD2. APPLICATION: WO 1999-US23519 19991007. PRIORITY: US 1998-103322 19981007; US 1998-106473 19981030; US 1998-114088
19981229.
AB The present invention relates to two novel genes and polypeptides derived therefrom encoding .alpha.2.delta.-C and/or .alpha.2.delta.-D proteins

(gene names CACNA2C and CACNA2D) which exist as a subunit in many calcium channels. The .alpha.2.delta.-C gene is mapped to human chromosome 2p21.1 and encodes a protein 28% identical and 47-48% similar to both .alpha.2.delta.-A and .alpha.2.delta.-B, while the .alpha.2.delta.-D gene is located on human chromosome 12p13.3 and the protein also has 28% identity and 47-48% similarity to the previously known subunits. The invention also describes methods for using the novel gene and polypeptides in the detection of genetic deletions of the gene, subcellular localization of the polypeptide, binding assays in connection with chem. databases, gene **therapy**. Such calcium channels provide tools for diagnosing and selecting inhibitors or drugs with the potential to intervene in various disorders or diseases in which altered .alpha.2.delta. expression is implicated.

L40 ANSWER 22 OF 140 CAPLUS COPYRIGHT 2001 ACS
2000:53370 Document No. 132:88189 Method for the **treatment** of **insomnia** using a GABA or glutamic acid analog. Magnus-Miller, Leslie; Segal, Catherine A. (Warner-Lambert Company, USA). PCT Int. Appl. WO 2000002546 A2 20000120, 11 pp. DESIGNATED STATES: W: AE, AL, AU, BA, BB, BG, BR, CA, CN, CU, CZ, EE, GD, GE, HR, HU, ID, IL, IN, IS, JP, KP, KR, LC, LK, LR, LT, LV, MG, MK, MN, MX, NO, NZ, PL, RO, SG, SI, SK, SL, TR, TT, UA, US, UZ, VN, YU, ZA, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM; RW: AT, BE, BF, BJ, CF, CG, CH, CI, CM, CY, DE, DK, ES, FI, FR, GA, GB, GR, IE, IT, LU, MC, ML, MR, NE, NL, PT, SE, SN, TD, TG. (English). CODEN: PIXXD2. APPLICATION: WO 1999-US15058 19990701. PRIORITY: US 1998-92166 19980709.
AB A method is disclosed for using certain analogs of glutamic acid and .gamma.-aminobutyric acid to **treat insomnia**.

L40 ANSWER 23 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000441025 EMBASE Guidelines on migraine: Part 5. Recommendations for specific prophylactic drugs. Morey S.S.. American Family Physician 62/11 (2535-2539) 1 Dec 2000.
ISSN: 0002-838X. CODEN: AFPYAE. Pub. Country: United States. Language: English.

L40 ANSWER 24 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000160905 EMBASE Addiction: Part II. Identification and management of the drug-seeking patient. Longo L.P.; Parran T. Jr.; Johnson B.; Kinsey W.. Dr. L.P. Longo, Univ. of Wisconsin Medical School, 1020 N. 12th St., Milwaukee, WI 53201-0342, United States. American Family Physician 61/8 (2401-2408) 15 Apr 2000.
Refs: 14.
ISSN: 0002-838X. CODEN: AFPYAE. Pub. Country: United States. Language: English. Summary Language: English.
AB The medications most often implicated in prescription drug abuse are opioid analgesics, sedative-hypnotics and stimulants. Patients with acute or chronic pain, anxiety disorders and attention-deficit disorder are at increased risk of addiction comorbidity. It is important to ask patients about their substance-use history, including alcohol, illicit drugs and prescription drugs. Patients who abuse prescription drugs may exhibit certain patterns, such as escalating use, drug-seeking behavior and doctor

shopping. A basic clinical survival skill in situations in which patients exert pressure on the physician to obtain a prescription drug is to say 'no' and stick with it. Physicians who overprescribe can be characterized by the four 'Ds' - dated, duped, dishonest and disabled. Maintaining a current knowledge base, documenting the decisions that guide the **treatment** process and seeking consultation are important risk-management strategies that improve clinical care and outcomes.

L40 ANSWER 25 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000338542 EMBASE Just the berries: Restless legs syndrome. Hickey J.. Dr. J.
Hickey, St Martha's Regional Hospital, Antigonish, NS, Canada. Canadian Family Physician 46/SEPT (1762-1763) 2000.
Refs: 9.
ISSN: 0008-350X. CODEN: CFPHAJ. Pub. Country: Canada. Language: English.

L40 ANSWER 26 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000143780 EMBASE Epilepsy in elderly people. Stephen L.J.; Brodie M.J..
Prof. M.J. Brodie, Epilepsy Unit, Univ. Dept. Medicine Therapeutics, Western Infirmary, Glasgow G11 6NT, United Kingdom.
Martin.J.Brodie@clinmed.gla.ac.uk. Lancet 355/9213 (1441-1446) 22 Apr 2000.
Refs: 50.
ISSN: 0140-6736. CODEN: LANCAO. Pub. Country: United Kingdom. Language: English. Summary Language: English.
AB The prevalence and incidence of epilepsy are highest in later life with around 25% of new cases occurring in elderly people, many of whom will have concomitant neurodegenerative, cerebrovascular, or neoplastic disease. Difficulties accepting the diagnosis are frequently compounded by
its unpredictable nature. Those affected commonly lose confidence and independence. Seizures in older people can result in physical injury, adding to low morale. Complete control is achievable in around 70% of patients with antiepileptic drug **treatment**. Optimum management requires rapid investigation, accurate diagnosis, effective **treatment**, sympathetic education, and assured support. The emergence of seizure disorders in old age places an increasing burden on health-care facilities and costs. A coordinated programme among health-care workers is advised to maintain the independence and improve the quality of life of this vulnerable patient population.

L40 ANSWER 27 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000329868 EMBASE Bipolar depression: Pharmacotherapy and related **therapeutic** strategies. Thase M.E.; Sachs G.S.. Dr. M.E. Thase, University of Pittsburgh, School of Medicine, Department of Psychiatry, 3811 O'Hara Street, Pittsburgh, PA 15213, United States. Biological Psychiatry 48/6 (558-572) 15 Sep 2000.
Refs: 129.
ISSN: 0006-3223. CODEN: BIPCBF.
Publisher Ident.: S 0006-3223(00)00980-X. Pub. Country: United States. Language: English. Summary Language: English.
AB The depressed phase of bipolar affective disorder is a significant cause of suffering, disability, and mortality and represents a major challenge to **treating** clinicians. This article first briefly reviews the phenomenology and clinical correlates of bipolar depression and then

focuses on the major pharmacological **treatment** options. We strongly recommend use of mood stabilizers as the first-line **treatment** for the type I form of bipolar depression, largely because longer-term preventative **therapy** with these agents almost certainly will be indicated. Depressive episodes that do not respond to lithium, divalproex, or another mood stabilizer, or episodes that 'breakthrough' despite preventive **treatment**, often warrant **treatment** with an antidepressant or electroconvulsive **therapy**. The necessity of mood stabilizers in the type II form of bipolar depression is less certain, aside from the rapid cycling presentation. Both experts and practicing clinicians recommend bupropion and the selective serotonin reuptake inhibitors as coequal initial choices, with venlafaxine and monoamine oxidase inhibitors, such as tranylcypromine, preferred for more resistant cases. The risk of antidepressant-induced hypomania or mania with concomitant mood stabilizer **therapy** is low, on the order of 5% to 10% during acute phase **therapy**. Additional **therapeutic** options and optimal durations of **therapy** also are discussed. Copyright (C) 2000 Society of Biological Psychiatry.

L40 ANSWER 28 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000379332 EMBASE Epilepsy and intellectual disability. Bowley C.; Kerr M.. Dr. M. Kerr, Welsh Centre Learning Disabilities, Meridian Court, North Road, Cardiff CF4 3BL, United Kingdom. Kerrmp@cardiff.ac.uk. Journal of Intellectual Disability Research 44/5 (529-543) 2000.
Refs: 121.
ISSN: 0964-2633. CODEN: JIDREN. Pub. Country: United Kingdom. Language: English. Summary Language: English.
AB A Medline and Psychline literature review of epilepsy in people with intellectual disability was performed. The review has highlighted the importance of the impact of epilepsy on the lives of individuals and their families, affecting physical morbidity, leading to an increased mortality and increasing the care-giving burden. Interventions with a strong evidence base are mainly pharmacological with an increasing body of work on the novel antiepileptic drugs. Surprisingly little research exists into the quality of service provision for this population. The authors suggest three areas for future work: (I) an increasing application of research methodologies such as direct observation and qualitative studies into this field; (2) an exploration of the broad impact of **treatment** and (3) the possibility that epilepsy is a barrier to care provision.

L40 ANSWER 29 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000384095 EMBASE Gabapentin-induced mood changes with hypomanic features in adults. Trinka E.; Niedermuller U.; Thaler C.; Doering S.; Moroder T.; Ladurner G.; Bauer G.. Dr. E. Trinka, Universitatsklinik fur Neurologie, Anichstrasse 35, A-6020 Innsbruck, Austria. trinka@netway.at. Seizure 9/7 (505-508) 2000.
Refs: 30.
ISSN: 1059-1311. CODEN: SEIZE7. Pub. Country: United Kingdom. Language: English. Summary Language: English.

AB We report two adults who received gabapentin (GBP) and subsequently developed behavioural side effects. Indications for GBP **treatment** were newly diagnosed epilepsy in one and painful paraesthesiae in the other. Both had no past history of psychiatric or behavioural disorder. Abnormal behaviour consisted of elevated mood, euphoria, and increased energy in both patients, and pressure of speech and decreased need for sleep in one of them. These symptoms were transient and fully reversible. One patient had to discontinue GBP. Behavioural changes were not related to seizure activity. They should be recognized as a possible side effect of GBP **treatment** in adults. (C) 2000 BEA Trading Ltd.

L40 ANSWER 30 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000231051 EMBASE Toward optimal health: The experts discuss chronic fatigue syndrome. Meisler J.G.; Klimas N.; Wallace M.. Journal of Women's Health and Gender-Based Medicine 9/5 (477-482) 2000.
Refs: 0.
ISSN: 1524-6094. CODEN: JWHMFP. Pub. Country: United States. Language: English.

L40 ANSWER 31 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000390510 EMBASE [Headaches and **sleep disorders** - Coincidence und causality]. KOPFSCHMERZEN UND SCHLAFSTORUNGEN: KOINZIDENZ UND KAUSALITAT. Happe S.; Zeitlhofer J.; Evers S.. Dr. S. Evers, Klinik und Poliklinik fur Neurologie, Westfalische Wilhelms-Univ. Munster, Albert-Schweitzer-Strasse 33, D-48129 Munster, Germany. everss@uni-muenster.de. Nervenheilkunde 19/8 (447-453) 2000.
Refs: 72.
ISSN: 0722-1541. CODEN: NERVDI. Pub. Country: Germany. Language: German. Summary Language: English; German.
AB Patients with headaches very often have **sleep disorders** at the same time and vice versa. Whether this is an accidental coincidence or if these two psychosocial restricting disorders affect each other remains unclear in many cases. The aim of this work is to give a review of frequent types of headache and **sleep disorders** that occur simultaneously. Their context concerning coincidence and causality is described.

L40 ANSWER 32 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000405012 EMBASE Adjunctive gabapentin **treatment** of bipolar disorder. Vieta E.; Martinez-Aran A.; Nieto E.; Colom F.; Reinares M.; Benabarre A.; Gasto C.. Dr. E. Vieta, Clinic. Inst. of Psychiat./Psychol., Hospital Clinic, Villarroel 170, 08036 Barcelona, Spain. European Psychiatry 15/7 (433-437) 2000.
ISSN: 0924-9338. CODEN: EUPSED. Pub. Country: France. Language: English. Summary Language: English.
AB Introduction - The aim of this study was to analyze the effectiveness of gabapentin administration to bipolar patients who had an incomplete response to other mood stabilizers. Subjects and methods - Twenty-two RDC bipolar 1 and II patients were assessed by means of the SADS and entered if they gave their consent to participate. All them had suffered from frequent relapses, subsyndromal features (mostly depressive) and incomplete response to other drugs. They all received open-label

increasing doses of gabapentin until clinical response. The patients were assessed through the CGI-BP and a specific questionnaire at baseline and at 12 weeks of follow-up. Results - Six out of the 22 patients dropped out for various reasons (four because of relapse, one because of side effects and one more because of poor compliance). Eight of the 16 patients that completed the 12-week follow-up showed at least two stages of improvement in the CGI. Using the last observation-carried forward analysis, the improvement was statistically significant for the depression subscale, and apparently related to social functioning, irritability and anxiety. Only one patient dropped out because of intolerance (mild rash). The mean dose of gabapentin was 1,310 mg/day. Conclusion - Gabapentin may be a useful drug for the add-on **treatment** of bipolar patients with poor response to other mood stabilizers. Gabapentin may improve depressive residual symptoms such as irritability, social withdrawal or anxiety. These results should be confirmed in randomized clinical trials. (C) 2000 Editions scientifiques et medicales Elsevier SAS.

L40 ANSWER 33 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000173701 EMBASE Epilepsy management at primary health care level. Van der Meyden C.H.; Rodda J.L.. J.L. Rodda, . 092rod@chiron.wits.ac.za. South African Medical Journal 90/4 II (403-432) 2000.
Refs: 104.
ISSN: 0038-2469. CODEN: SAMJAF. Pub. Country: South Africa. Language: English. Summary Language: English.
AB This is a summarised version of the detailed and fully referenced Epilepsy Management at Primary Health Care Level Guideline which follows.

L40 ANSWER 34 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000225526 EMBASE Restless legs syndrome: Clinical features and **treatment**. Tan E.-K.; Ondo W.. Dr. W. Ondo, Department of Neurology, Baylor College of Medicine, 6550 Fannin, Houston, TX 77030, United States. wondo@bcm.tmc.edu. American Journal of the Medical Sciences 319/6 (397-403) 2000.
Refs: 87.
ISSN: 0002-9629. CODEN: AJMSA. Pub. Country: United States. Language: English. Summary Language: English.
AB Restless legs syndrome (RLS), widely recognized as a definite clinical entity, has an estimated prevalence of 1 to 15% in different ethnic populations. However, it remains an underdiagnosed condition and its symptoms are frequently ascribed to stress and anxiety. Advancement in modern imaging techniques and clinical drug trials provide evidence of an impaired dopaminergic system in RLS. Management involves investigating and correcting **treatable** secondary causes, avoidance of aggravating factors, and pharmacologic **therapy**. Recent controlled trials have demonstrated the effectiveness of dopamine agonists such as pramipexole and pergolide. Additional research is needed to further elucidate the pathophysiology of RLS, through obtaining post-mortem specimens and refinement of neuroimaging and neurophysiologic techniques. Isolation of specific genetic loci in familial cases would enable better characterization of distinct clinical and genetic subsets of RLS and

result in better understanding of this disease at the molecular level.

L40 ANSWER 35 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000111960 EMBASE Amantadine is beneficial in restless legs syndrome. Evidente V.G.H.; Adler C.H.; Caviness J.N.; Hentz J.G.; Gwinn-Hardy K.. Dr. C.H. Adler, Parkinson's Dis. Movem. Disord. Ctr., Mayo Clinic Scottsdale, 13400 E. Shea Boulevard, Scottsdale, AZ 85259, United States. Movement Disorders 15/2 (324-327) 2000.
Refs: 16.
ISSN: 0885-3185. CODEN: MOVDEA. Pub. Country: United States. Language: English. Summary Language: English.
AB Twenty-one patients (mean age 70 yrs) with restless legs syndrome (RLS) were **treated** with amantadine in an open-label trial. Amantadine was started at 100 mg per day and was increased every 3-5 days by 100 mg (up to a maximum of 300 mg per day) until significant relief of symptoms or intolerable side effects were experienced. Patients were rated pre- and posttreatment using an RLS rating scale (0-10). Each patient also rated the degree of response in a continuous scale from 0% (no improvement) to 100% (complete improvement). Eleven of 21 (52%) had subjective benefit to amantadine, with degree of response ranging from 25%-100% (mean 69%) among responders. Six had 95%-100% improvement. The RLS score for all 21 patients dropped from a mean (.+-. standard deviation) of 9.8 .+-. 0.6 (range, 8-10) pretreatment to 6.6 .+-. 3.8 (range, 0-10) posttreatment (p = 0.001). The duration of response was 0-13 months (mean, 3.6 .+-. 4.5), with nine responders still remaining on the drug as of last follow up. The mean effective dose was 227 mg per day. The most common side effects were drowsiness (3), fatigue (2), and **insomnia** (2); only two stopped amantadine because of side effects. We conclude that amantadine is an effective and well-tolerated drug for RLS.

L40 ANSWER 36 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001003478 EMBASE Benzodiazepine **treatment** of anxiety or **insomnia** in substance abuse patients. Ciraulo D.A.; Nace E.P.. Dr. D.A. Ciraulo, Division of Psychiatry, Boston University School of Medicine, 720 Harrison Ave., Boston, MA 02118, United States. dciraulo@bu.edu. American Journal on Addictions 9/4 (276-284) 2000.
ISSN: 1055-0496. CODEN: AJADEA. Pub. Country: United States. Language: English.

L40 ANSWER 37 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000341720 EMBASE New antiepileptic agents. Thomas J.. Dr. J. Thomas, Thomas Jefferson University Hospital, Philadelphia, PA, United States. P and T 25/5 (235-241) 2000.
Refs: 25.
ISSN: 1052-1372. CODEN: PPTTEK. Pub. Country: United States. Language: English.

L40 ANSWER 38 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000131945 EMBASE New drugs in psychiatry. Goldberg J.F.. Dr. J.F. Goldberg, Payne Whitney Clinic Box 140, New York Presbyterian Hospital, 525 E. 68th Street, New York, NY 10021, United States. Emergency Medicine Clinics of North America 18/2 (211-231) 2000.

Refs: 65.
ISSN: 0733-8627. CODEN: EMCAD7. Pub. Country: United States. Language: English. Summary Language: English.
AB Recent years have witnessed the rapid expansion of new psychotropic agents and psychotropic applications of primarily nonpsychiatric medications in nearly all domains of psychopathology. Increasingly, patients in emergency departments may be taking newer-generation antidepressants, antipsychotics, and mood-stabilizing drugs, and individuals with **treatment**-resistant psychiatric disorders are often prescribed complex, polypharmaceutical regimens. Current information on the use of psychiatric medications that have entered widespread use in the past 5 to 10 years is reviewed, with focus on indications and dosing, comparisons with older medications, management of patients with overdoses and toxicity states, and the medical and psychiatric effects of newer drugs on patients who may present to emergency departments.

L40 ANSWER 39 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000223860 EMBASE Evaluation and management of **insomnia** in menopause. Jones C.R.; Czajkowski L.. Dr. C.R. Jones, Department of Neurology, Univ. of Utah School of Medicine, 50 North Medical Drive, Salt Lake City, UT 84132, United States. Clinical Obstetrics and Gynecology 43/1 (184-197) 2000.
Refs: 16.
ISSN: 0009-9201. CODEN: COGYAK. Pub. Country: United States. Language: English. Summary Language: English.
AB **Insomnia** is a problem with complex and multifactorial etiologies that requires both standardized and individualized **treatment** interventions. Specific targets of **treatment** may include hyperarousal, poor sleep habits, underlying mood disorders, sedative overuse, pain and general medical problems, circadian dysrhythmias, sleep apnea, and restless legs syndrome. Optimal **treatment** also will incorporate stress management, coping strategies, enhancement of relationships, and promoting lifestyle changes that facilitate sleep.

L40 ANSWER 40 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000341745 EMBASE Management of narcolepsy in pregnancy. Hoover-Stevens S.; Kovacevic-Ristanovic R.. R. Kovacevic-Ristanovic, Department of Neurological Sciences, Rush University, R.-P.-St. Luke's Medical Center, 1725 W. Harrison St., Chicago, IL 60612, United States. Clinical Neuropharmacology 23/4 (175-181) 2000.
Refs: 35.
ISSN: 0362-5664. CODEN: CLNEDB. Pub. Country: United States. Language: English.

L40 ANSWER 41 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000106061 EMBASE Parasomnias: Managing bizarre **sleep**-related behavior **disorders**. Schenck C.H.; Mahowald M.W.. Dr. C.H. Schenck, Hennepin County Medical Center, 701 Park Ave S, Minneapolis, MN 55415, United States. Postgraduate Medicine 107/3 (145-156) 2000.
Refs: 20.
ISSN: 0032-5481. CODEN: POMDAS. Pub. Country: United States. Language:

English.

L40 ANSWER 42 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000106060 EMBASE Helping patients who say they cannot sleep: Practical ways to evaluate and **treat insomnia**. Attarian H.P.. Dr. H.P. Attarian, Dept. of Neurology/Neurol. Surg., Washington Univ. School of Medicine, Box 8111, 660 S Euclid Ave, St. Louis, MO 63110, United States. Postgraduate Medicine 107/3 (127-142) 2000.
Refs: 56.
ISSN: 0032-5481. CODEN: POMDAS. Pub. Country: United States. Language: English.

L40 ANSWER 43 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000095452 EMBASE Epidemiology and **treatment** of epilepsy in patients who are mentally retarded. Deb S.. Dr. S. Deb, Division of Psychological Medicine, Univ. of Wales College of Medicine, Heath Park, Cardiff CF4 4XN, United Kingdom. deb@cardiff.ac.uk. CNS Drugs 13/2 (117-128) 2000.
Refs: 67.
ISSN: 1172-7047. CODEN: CNDREF. Pub. Country: New Zealand. Language: English. Summary Language: English.
AB Epilepsy affects approximately 14 to 24% of patients who are mentally retarded. The prevalence increases in those patients who have associated neurological disorders. The severity of mental retardation also influences prevalence. Approximately 7 to 15% of patients with mild to moderate mental retardation, 45 to 67% of those with severe retardation and about 50 to 82% of patients with profound retardation have a lifetime history of epilepsy. The prevalence of epilepsy also varies according to patients' age and the aetiology of mental retardation. Both false positive and false negative diagnoses of epilepsy remain possible in patients who are mentally retarded. Polytherapy with anticonvulsants is a commonly used approach to the **treatment** of epilepsy in patients with mental retardation. However, a reduction in polytherapy has been shown to improve both seizure frequency and the behavioural profile of these patients. Because of the cognitive and behavioural adverse effects of barbiturates and the effect of phenytoin on the CNS, they are not ideal as drugs of first choice in patients with epilepsy who are mentally retarded. Both valproic acid (sodium valproate) and lamotrigine are favoured for use in these patients because of their broad spectrums of anticonvulsant activity and thus efficacy in different seizure types, effects in Lennox-Gastaut syndrome, and minimal effects on cognition and behaviour. The use of carbamazepine is restricted in certain seizure types but can be chosen for some patients who are mentally retarded because of its mood stabilising properties. Oxcarbazepine has similar properties to those of carbamazepine but with a better tolerability profile. Vigabatrin, felbamate, gabapentin, topiramate, tiagabine and zonisamide are also useful, particularly as add-on **therapy**. Serious adverse events, such as visual field

defects caused by vigabatrin, and fatal blood dyscrasias and hepatotoxicity associated with felbamate, will restrict the use of these drugs in this population. Neurosurgical **treatment** has been proven effective in a number of patients with epilepsy who are mentally retarded.

L40 ANSWER 44 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000186672 EMBASE Sleep in chronic pain: Problems and **treatments**.
Cohen M.J.M.; Menefee L.A.; Doghramji K.; Anderson W.R.; Frank E.D.. Dr. M.J.M. Cohen, Jefferson Medical College, Psychiatry and Human Behavior, 833 Chestnut Street East, 1001, Philadelphia, PA 19107-4414, United States. International Review of Psychiatry 12/2 (115-127) 2000.
Refs: 86.
ISSN: 0954-0261. CODEN: IRPSE2. Pub. Country: United Kingdom. Language: English. Summary Language: English.
AB Chronic pain of any etiology often represents a difficult problem for the clinician and patient. Pain will usually be impossible to eliminate, and adequate pain reduction usually requires multiple **therapeutic** trials and careful polypharmacy. Identifying and **treating** comorbid sleep disturbances can improve the **treatment** of patients with chronic pain. Both pain medicine and sleep medicine are areas in which physician training has been inadequate. The literature on sleep disturbances in selected pain conditions, pathophysiology of sleep disturbance in the pain context, a case study, and basic clinical strategies for managing sleep problems in this population will be summarized. The overall **treatment** approach is based on optimizing pain control, identifying and **treating** psychiatric comorbidity, carefully investigating sleep patterns, and use of sleep-specific pharmacotherapeutic and psychotherapeutic interventions for improving sleep.

L40 ANSWER 45 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000259810 EMBASE Restless legs syndrome: Detection and management in primary care. Thorpy M.; Ehrenberg B.L.; Hening W.A.; Mahowald M.; Malow B.A.; Phillips B.; Richardson C.; Wellbery C.; Hallet M.; Kiley J.P.; McCutcheon C.; Rogus S.. S. Rogus, Sleep Education Activities, NIH, NHLBI/Bldg. 31, 31 Center Dr, Bethesda, MD 20892-2480, United States. American Family Physician 62/1 (108-114) 1 Jul 2000.
Refs: 30.
ISSN: 0002-838X. CODEN: AFPYAE. Pub. Country: United States. Language: English. Summary Language: English.
AB Restless legs syndrome (RLS) is a neurologic movement disorder that is often associated with a sleep complaint. Patients with RLS have an irresistible urge to move their legs, which is usually due to disagreeable sensations that are worse during periods of inactivity and often interfere with sleep. It is estimated that between 2 and 15 percent of the population may experience symptoms of RLS. Primary RLS likely has a genetic origin. Secondary causes of RLS include iron deficiency, neurologic lesions, pregnancy and uremia. RLS also may occur secondarily to the use of certain medications. The diagnosis of RLS is based primarily

on the patient's history. A list of questions that may be used as a basis to assess the likelihood of RLS is included in this article.
Pharmacologic
treatment of RLS includes dopaminergic agents, opioids, benzodiazepines and anticonvulsants. The primary care physician plays a central role in the diagnosis and management of RLS.

L40 ANSWER 46 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000193450 EMBASE First agent to be licensed for the **treatment** of all neuropathic pain conditions. Practical Diabetes International 17/3 (98b+98e) 2000.
ISSN: 1357-8170. CODEN: PDINFY. Pub. Country: United Kingdom. Language: English.

L40 ANSWER 47 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001072128 EMBASE Posttest. Journal of Affective Disorders 59/SUPPL. 1 (S91-S95) 2000.
ISSN: 0165-0327. CODEN: JADID7.
Publisher Ident.: S 0165-0327(00)00202-0. Pub. Country: Netherlands. Language: English.

L40 ANSWER 48 OF 140 BIOSIS COPYRIGHT 2001 BIOSIS
2000:368114 Document No.: PREV200000368114. Gabapentin vrs. trazodone **treating insomnia** for alcohol-dependent patients during early recovery. Karam-Hage, M. (1); Hefuna, A. (1); Brower, K. J. (1).
(1)
University of Michigan Alcohol Research Center, 400 E. Eisenhower, Suite 2A, Ann Arbor, MI, 48108 USA. Alcoholism Clinical and Experimental Research, (May, 2000) Vol. 24, No. 5 Supplement, pp. 78A. print. Meeting Info.: Scientific Meeting of the Research Society on Alcoholism Santa Barbara, California, USA June 24-29, 2000 Research Society on Alcoholism.
ISSN: 0145-6008. Language: English. Summary Language: English.

L40 ANSWER 49 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000073568 EMBASE Symptom control in advanced cancer: Important drugs and routes of administration. Walsh D.; Doona M.; Molnar M.; Lipnickey V.. D. Walsh, Cleveland Clinic Foundation, 9500 Euclid Ave, Cleveland, OH 44195, United States. Seminars in Oncology 27/1 (69-83) 2000.
Refs: 39.
ISSN: 0093-7754. CODEN: SOLGAV. Pub. Country: United States. Language: English. Summary Language: English.
AB Aggressive symptom control is a vital component of palliative medicine. Frequently both physicians and patients focus on pain control, forgetting the broader issues of symptom control. Pain and other symptoms are inextricably linked. Common symptoms include constipation, nausea and vomiting, **insomnia**, anorexia, weight loss, and cough. All oncologists should be familiar with the indications, doses, and unwanted effects of drugs commonly indicated for symptom control. This article
will
discuss some drugs presently available to achieve good symptom control.
At
the correct dose and dosing schedule, these agents can have a significant impact on quality of life. As in all areas of medicine, it is best to
know
the benefits and unwanted effects of a few drugs, rather than randomly

prescribing different agents for similar clinical situations. This is rational prescribing. While the list presented here is not exhaustive, it does reflect core drugs currently available in the United States. (C) 2000
by W.B. Saunders Company.

L40 ANSWER 50 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000295597 EMBASE [Restless legs syndrome: Clinical overview and **treatment**]. HUZURSUZ BACAK SENDROMU: KLINIK OZELLIKLER VE TEDAVI.
Aksu M.. Dr. M. Aksu, Erciyes Universitesi Tip Fakultesi, 38039 Kayseri, Turkey. Erciyes Tip Dergisi 22/1 (58-64) 2000.
Refs: 78.
ISSN: 1300-199X. CODEN: EDERF7. Pub. Country: Turkey. Language: Turkish. Summary Language: English; Turkish.
AB Eventhough restless legs syndrome (RLS) was first described more than 300 years ago, it is a common, sometimes disabling and often misdiagnosed condition. Two clinical forms of RLS were described: primary and secondary. The primary form is mostly familial. The main causes of secondary RLS are uremia, neuropathy and iron deficiency. Periodic limb movements of sleep (PLMS) are repetitive, often stereotyped movements that recur at intervals of 15-40 seconds during sleep. Between 70-80% of RLS patients also have PLMS. RLS and PLMS **therapy** is generally symptomatic. Cures are only possible with the secondary form where the primary illness can be cured. The drug **treatments** of RLS and PLMS include dopa and dopa agonists, benzodiazepines and opiates. In our experience L-Dopa and pergolide are the most effective **treatments** .

L40 ANSWER 51 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000101372 EMBASE Importance of sleep restoration in co-morbid disease: Effect of anticonvulsants. Ehrenberg B.. Dr. B. Ehrenberg, New England Medical Center, Department of Neurology, 750 Washington Street, Boston, MA 02111, United States. Neurology 54/5 SUPPL. 1 (S33-S37) 14 Mar 2000.
Refs: 60.
ISSN: 0028-3878. CODEN: NEURAI. Pub. Country: United States. Language: English. Summary Language: English.
AB Over the past two to three decades, sleep medicine has emerged as an important discipline as it strives to meet the challenges of some of the most prevalent disorders among humans. Among the 110 disorders listed in the International Classification of **Sleep Disorders**, two of the most prevalent and **treatable** have only recently begun to receive significant attention: sleep apnea and restless legs syndrome with sleep-related periodic limb movements disorder. It is becoming clear that the sleep disruption caused by such disorders has ramifications beyond the usually associated daytime sleepiness, and may include: exacerbation of seizures, headaches, short-term memory deficits, and other cognitive problems. Sleep apnea has also been correlated with hypertension and cardiovascular/cerebrovascular disease. Animal studies have taken this one step further by demonstrating that total sleep deprivation is consistently fatal, usually within 1 month, although the precise mechanism

remains to be discovered. The most compelling finding in the animal studies is that 'rescuing' the animals with sleep, before the irreversible stage, is associated with rebound amounts of deep sleep and rapid eye movement (REM) sleep ('dream sleep'). This same response is seen after initiating **treatment** of sleep apnea with nasal continuous positive airway pressure (CPAP), and can also occur in patients with other **sleep disorders** in response to particular medications, such as valproate or gabapentin.

L40 ANSWER 52 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000417162 EMBASE Social anxiety disorder: How to help. Zal H.M.. Dr. H.M. Zal, Philadelphia Coll Osteopathic Med., Philadelphia, PA, United States. Drug Benefit Trends 12/10 (5BH-10BH) 2000.
Refs: 30.
ISSN: 1080-5826. CODEN: DBTRFN. Pub. Country: United States. Language: English. Summary Language: English.
AB Social anxiety disorder, or social phobia, causes emotional suffering and interferes with work, play, and social function. There is comorbid overlap with other mental disorders, such as depression, substance abuse, panic disorder, and generalized anxiety disorder. In the differential diagnosis, one should consider normal shyness, panic disorder, agoraphobia, simple phobia, body dysmorphic disorder, and schizophrenia. Social anxiety disorder begins at an average age of 13 years (rarely after age 25) and is a lifelong condition. Pyschotherapy, behavior **therapy**, and psychopharmacologic **therapy** are effective. The SSRIs, which are generally well tolerated, are considered first-line **therapy**. An integrated, individualized **treatment** plan is needed.

L40 ANSWER 53 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001043570 EMBASE [Prophylactic **treatments** of migraine]. LES TRAITEMENTS PROPHYLACTIQUES DE LA MIGRAINE. Massiou H.. H. Massiou, Hopital Lariboisiere, Service de Neurologie, 2, rue Ambroise-Pare, 75475 Paris Cedex 10, France. Revue Neurologique 156/SUPPL. 4 (4S79-4S86) 2000.
Refs: 38.
ISSN: 0035-3787. CODEN: RENEAM. Pub. Country: France. Language: French. Summary Language: English; French.
AB Prophylactic **treatment** is mainly intended to reduce the frequency of migraine attacks. It is usually proposed to patients who suffer from two or more attacks per month. It should also be considered in patients who suffer from less frequent, but prolonged, disabling attacks with a poor response to abortive **treatment**, and who consider that their quality of life is reduced between attacks. Excessive intake of acute medication, more than twice a week, is a strong indication for prophylactic **treatment**. In order to obtain a good compliance to **treatment**, the patient must be informed of the expected efficacy of the drugs, and of their most frequent side effects. Thus, the choice of

a prophylactic drug is made together with the patient. Based on the results of published controlled trials, the main prophylactic drugs are some betablockers, methysergide, pizotifene, oxetorone, flunarizine, amitriptyline, NSAIDs, and sodium valproate. Some less evaluated drugs such as aspirin, DHE, indoramine, verapamil, may be useful. Other substances such as riboflavin and new antiepileptic drugs are being evaluated. The choice of the drug to start with depends on several considerations. The first step is to make sure that there are no contra indications, and no possible interaction with the abortive medications. Then, possible side effects will be taken into account, for example, weight gain is a problem for most young women and patients who practice sports may not tolerate betablockers. Associated pathologies have to be checked. For example, a hypertensive migraine sufferers may benefit from betablockers; in a patient who suffers both from migraine and tension type headaches or from depression, amitriptyline is the first choice drug. The type of migraine should also be considered; for instance, in frequent attacks with aura, aspirin is recommended and betablockers avoided. In most cases, prophylaxis should be given as monotherapy, and it is often necessary to try successively several drugs before finding the most appropriate one. Doses should be increased gradually, in order to reach the recommended daily dose, only if tolerance permits. The **treatment** efficacy has to be assessed after 2 or 3 months, during which the patient must keep a headache diary. If the drug is judged ineffective, an overuse of symptomatic medications should be checked, as well as a poor compliance, either of which may be responsible. In case of a successful **treatment**, it should be continued for 6 or 12 months, and then, one should try to taper off the dose in order to stop the **treatment** or at least to find the minimum active dose. Relaxation, biofeedback, stress coping **therapies**, acupuncture are also susceptible to be effective in migraine prophylaxis.

L40 ANSWER 54 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999422672 EMBASE Tiagabine and the **treatment** of refractory bipolar disorder [2]. Schaffer L.C.; Schaffer C.B.. American Journal of Psychiatry
156/12 (2014-2015) 1999.
Refs: 4.
ISSN: 0002-953X. CODEN: AJPSAO. Pub. Country: United States. Language: English.

L40 ANSWER 55 OF 140 MEDLINE DUPLICATE 2
2000037168 Document Number: 20037168. PubMed ID: 10570590.
Antidepressant-induced bruxism successfully **treated** with gabapentin. Brown E S; Hong S C. (Department of Psychiatry, University of Texas Southwestern Medical Center, Dallas 75235-9101, USA.) JOURNAL OF THE AMERICAN DENTAL ASSOCIATION, (1999 Oct) 130 (10) 1467-9. Journal code: H5J; 7503060. ISSN: 0002-8177. Pub. country: United States. Language: English.
AB BACKGROUND: Symptoms consistent with bruxism are a common chief complaint in dental practice. The authors describe a case of bruxism likely induced by the antidepressant venlafaxine and successfully **treated** with gabapentin. CASE DESCRIPTION: A case of bruxism, anxiety, **insomnia** and tremor is reported in a man with bipolar disorder that developed a few

days after he initiated venlafaxine **therapy** for depression. The patient's psychiatrist prescribed gabapentin for anxiety symptoms, and shortly thereafter the man experienced a complete resolution of the bruxism. CLINICAL IMPLICATIONS: On the basis of this case and the available literature, the authors conclude that bruxism secondary to antidepressant **therapy** may be common. Thus, dentists should inquire about the use of these medications in patients who have bruxism. Gabapentin may offer promise in the **treatment** of this condition.

L40 ANSWER 56 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999391473 EMBASE Practice parameters for the **treatment** of Restless Legs Syndrome and Periodic Limb Movement Disorder. Chesson A.L. Jr.; Wise M.; Davila D.; Johnson S.; Littner M.; Anderson W.M.; Hartse K.; Rafecas J.. A.L. Chesson Jr., Standards of Practice Committee, American Academy of Sleep Medicine, 6301 Bandel Road, Rochester, MN 55901, United States. aasm@aasmnet.org. Sleep 22/7 (961-968) 1999.
Refs: 33.
ISSN: 0161-8105. CODEN: SLEED6. Pub. Country: United States. Language: English. Summary Language: English.
AB These are the first clinical guidelines published for the **treatment** of Restless Legs Syndrome (RLS) and Periodic Limb Movement Disorder (PLMD) providing evidence-based practice parameters. They were developed by the Standards of Practice Committee and reviewed and approved by the Board of Directors of the American Academy of Sleep Medicine. The guidelines provide recommendations for the practice of sleep medicine in North America regarding the **treatment** of RLS and PLMD. Recommendations are based on the accompanying comprehensive review of the medical literature regarding **treatment** of RLS and PLMD which was developed by a task force commissioned by the American Academy of Sleep Medicine. Recommendations are identified as standards, guidelines, or options, based on the strength of evidence from published studies that meet criteria for inclusion. Dopaminergic agents are the best studied and most successful agents for **treatment** of RLS and PLMD. Specific recommendations are also given for the use of opioid, benzodiazepine, anticonvulsant, and adrenergic medications, and for iron supplementation. In general, pharmacological **treatment** should be limited to individuals who meet diagnostic criteria and especially who experience **insomnia** and/or excessive sleepiness that is thought to occur secondary to RLS or PLMD. Individuals **treated** with medication should be followed by a physician and monitored for clinical response and adverse effects. It would be desirable for future investigations to employ multicenter clinical trials, with expanded numbers of subjects using double-blind, placebo-controlled designs, and an assessment of long-term response, side effects, and impact of **treatment** on quality of life. Evaluation of special groups such as children, pregnant women, and the elderly is warranted.

L40 ANSWER 57 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999373683 EMBASE Donepezil for psychotropic-induced memory loss. Jacobsen F.M.; Comas-Diaz L.. Dr. F.M. Jacobsen, Transcultural Mental Hlth. Institute, 1301 20th St., N.W., Washington, DC 20036-6043, United States.

Journal of Clinical Psychiatry 60/10 (698-704) 1999.
Refs: 37.
ISSN: 0160-6689. CODEN: JCLPDE. Pub. Country: United States. Language: English. Summary Language: English.

AB Background: Donepezil is an acetylcholinesterase inhibitor marketed for **treatment** of memory loss and behavioral deterioration associated with the acetylcholine deficit of Alzheimer's disease. We investigated the utility and tolerability of donepezil in nongeriatric affective illness for **treatment** of psychotropic-induced memory loss, dry mouth, and constipation. Method: Nondemented outpatients with stabilized DSM-IV affective illness took 5 mg/day of donepezil for 3 weeks and then increased to 10 mg/day in open trials. Self-rating scales of target symptoms were completed by patients before and 3 to 4 weeks after starting each dose condition. Patients who chose to continue donepezil **therapy** returned for clinical monitoring every 4 to 8 weeks. Results: Eleven women and 11 men (mean .+-. SD age = 45.4 .+-. 8.5 years) completed donepezil trials. Nineteen patients with memory loss rated improvement while taking 5 mg/day of donepezil ($p < .001$); subsequently, 6 rated further improvement with 10 mg/day ($p = .057$). Donepezil, 5 mg/day, also reduced ratings of dry mouth ($N = 16$; $p < .001$) and constipation ($N = 11$; $p < .05$). Side effects included **insomnia**, nausea, vomiting, and diarrhea; surprisingly, 2 bipolar patients became manic within hours of starting donepezil. Sixteen patients (72%) continued donepezil for an average of 7 months. Consideration of family histories suggested that donepezil response in affective illness may be an early indicator of vulnerability to dementia of the Alzheimer's type. Conclusion: (1) Donepezil can reduce memory loss, dry mouth, and constipation in nongeriatric affective patients, but may trigger mania; and (2) long-term follow-up will reveal the predictive value for dementia of donepezil's memory restoration in nongeriatric subjects.

L40 ANSWER 58 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999251468 EMBASE **Treatment** of chronic pain with antiepileptic drugs: A new era. Hansen H.C.. Dr. H.C. Hansen, Pain Relief Centers, PO Box 5956, Statesville, NC 28687, United States. Southern Medical Journal 92/7 (642-649) 1999.
Refs: 66.
ISSN: 0038-4348. CODEN: SMJOAV. Pub. Country: United States. Language: English. Summary Language: English.

AB Background. Shortcomings of traditional pain relief agents have led physicians to investigate other alternatives, such as antiepileptic drugs. Safe, effective, nonhabituating agents are currently available to enhance pain **treatment** strategies. Methods. In this article, various pharmacologic options and their mechanisms of action are reviewed briefly, with a focus on **treatment** of chronic pain with antiepileptic drugs (AEDs). Results. Antiepileptic drugs have been widely studied and prescribed for the relief of acute and chronic pain. Similarities in the neurophysiology of pain and epilepsy suggest that AEDs may be a suitable adjunct in the management of chronic pain. Of the newer AEDs, gabapentin

shows the greatest potential and appears to be well tolerated by patients.
Conclusions. **Treatment** of chronic pain remains a challenge for physicians and patients. Further research is required to identify the role of various agents and their effect on patient return to function and quality of life.

L40 ANSWER 59 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999349080 EMBASE Attention-deficit/hyperactivity disorder in children and adolescents: Rethinking diagnosis and **treatment** implications for complicated cases. Ninivaggi F.J.. Dr. F.J. Ninivaggi, Yale-New Haven Hospital, New Haven, CT, United States. Connecticut Medicine 63/9 (515-521) 1999.
Refs: 19.
ISSN: 0010-6178. CODEN: CNMEAH. Pub. Country: United States. Language: English. Summary Language: English.
AB Children and adolescents who currently present for **treatment** frequently carry a principal diagnosis of attention-deficit/hyperactivity disorder in addition to other diagnoses. Many of these cases have long histories, are chronic, and are significantly complicated. Recognition of complicated cases requires rigorous diagnostic differentiation. Effective **treatment** and sustainable responses require individualized protocols that include integrated psychosocial and psychopharmacological interventions to minimize adverse reactions and enhance quality of life.

L40 ANSWER 60 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999128678 EMBASE Epilepsy: (3) New **treatments**. Michael T.. T. Michael, Natl. Hosp. Neurology Neurosurgery, Queen Square, London, United Kingdom. Pharmaceutical Journal 262/7039 (470-473) 3 Apr 1999.
Refs: 24.
ISSN: 0031-6873. CODEN: PHJOAV. Pub. Country: United Kingdom. Language: English.

L40 ANSWER 61 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999406359 EMBASE Symptomatic **therapies** of multiple sclerosis. Metz L.M.; Patten S.B.; McGowan D.. L.M. Metz, Department of Clinical Neurosciences, Faculty of Medicine, University of Calgary, 1403-29th Street NW, Calgary, Alta. T2N 2T9, Canada. Biomedicine and Pharmacotherapy 53/8 (371-379) 1999.
Refs: 80.
ISSN: 0753-3322. CODEN: BIPHEX. Pub. Country: France. Language: English. Summary Language: English.
AB Symptom management is the assessment and **treatment** of the manifestations of multiple sclerosis (MS). Optimal **treatment** includes patient education, rehabilitation, counseling, and sometimes medical or surgical **therapy**. A multi-disciplinary **treatment** team is usually required to provide the wide range of services necessary to manage MS symptoms. This article will review the medical and surgical options used in the management of primary MS symptoms.

L40 ANSWER 62 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999336472 EMBASE 10 most commonly asked questions about antiepileptic drugs.

Fisher R.S.. Dr. R.S. Fisher, St. Joseph's Hosp. and Med. Center, 350 West
Thomas Road, Phoenix, AZ 85013-4496, United States. Neurologist 5/5 (286-290) 1999.
ISSN: 1074-7931. CODEN: NROLFW. Pub. Country: United States. Language: English.

L40 ANSWER 63 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000040475 EMBASE [Pharmacologic **treatment** of social phobia]. O TRATAMENTO FARMACOLOGICO DA FOBIA SOCIAL. Nardi A.E.. A.E. Nardi, Laboratorio de Panico e Respiracao, Federal University of Rio de Janeiro, Rua Visconde de Piraja, 407/702, CEP 22410-003 Rio de Janeiro, RJ, Brazil.
aenardi@novanet.com.br. Revista Brasileira de Psiquiatria 21/4 (249-257) 1999.
Refs: 75.
ISSN: 1516-4446. CODEN: RBPSBK. Pub. Country: Brazil. Language: Portuguese. Summary Language: English; Portuguese.
AB Social phobia is a marked and persistent fear of eating, drinking, trembling, blushing, speaking, writing or doing almost everything in front of people due to concerns about embarrassment or being scrutinized by others. There are two specifiers for social phobia: the circumscribed, for those who just fear one situation; and generalized, for those who fear almost all social situations. The clinical features of social phobia are the anticipatory anxiety, the physical symptoms, the avoidance and the low self- esteem. Depending on diagnostic criteria, it is reported a lifetime prevalence ranging from 5% to 13% of the population resulting in different degrees of occupational and social limitations. The ideal **treatment** should use antidepressant drug and cognitive-behavior **therapy**. Beta-blocking drugs (atenolol, propranolol), monoamino oxidase inhibitors - MAOI (fenelzine, tanilcipromine), reversible monoamino oxidase-A inhibitors (moclobemide, brofaromine), benzodiazepines (clonazepam, bromazepam, alprazolam) and serotonin selective recaptors inhibitors-SSRI (paroxetine, sertraline, fluoxetine, fluvoxamine) and some other drugs (venlafaxine, nefazodone, gabapentin, clonidine) have been shown efficacy in several studies with different methodology. The tricyclic antidepressants (imipramine, clomipramine), valproic acid and buspirone have shown negative results. Paroxetine is the most studied substance in double-blind trials with good results and well tolerated. Nowadays the individuals with social phobia can have a efficacious **treatment** to get an assertive behavior in social situations.

L40 ANSWER 64 OF 140 MEDLINE DUPLICATE 3
2000061850 Document Number: 20061850. PubMed ID: 10596736. Gabapentin as an adjunct to standard mood stabilizers in outpatients with mixed bipolar symptomatology. Sokolski K N; Green C; Maris D E; DeMet E M. (Mental Health Care Group, Veterans Affairs Medical Center, Long Beach, California 90822, USA.) ANNALS OF CLINICAL PSYCHIATRY, (1999 Dec) 11 (4) 217-22.

Journal code: BUO; 8911021. ISSN: 1040-1237. Pub. country: United States. Language: English.

AB Gabapentin is a new adjunctive medication to antiseizure **therapies**. Anecdotal evidence suggests that it may also help to alleviate mood symptoms in patients with bipolar illness. An open-label study examined the effects of adjunctive gabapentin in bipolar patients with mixed symptoms who had previously demonstrated only partial **treatment** responses. Mood ratings and side-effect profiles were followed weekly in 10 patients for 1 month. Decreases in Hamilton depression ($P < 0.05$) and Bech mania ratings ($P < 0.01$) were evident in the first week of **treatment** and were sustained. Potent early improvements were noted in early, middle, and late **insomnia**. The results suggest that gabapentin may be of benefit to bipolar patients who only partially respond to other mood stabilizers. A favorable side-effect profile and rapid action make this drug an attractive choice as an adjunctive **therapy**.

L40 ANSWER 65 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

1999124373 EMBASE Catatonia following gabapentin withdrawal [5]. Rosebush P.I.; MacQueen G.M.; Mazurek M.F.. Journal of Clinical Psychopharmacology 19/2 (188-189) 1999.
Refs: 13.
ISSN: 0271-0749. CODEN: JCPYDR. Pub. Country: United States. Language: English.

L40 ANSWER 66 OF 140 BIOSIS COPYRIGHT 2001 BIOSIS

1999:336524 Document No.: PREV199900336524. Gabapentin is helpful for **insomnia** in alcohol-dependent patients during early recovery. Karam-Hage, M. (1); Brower, K. J. (1). (1) University of Michigan Alcohol Research Center, 400 E. Eisenhower, Suite 2A, Ann Arbor, MI, 48108 USA. Alcoholism Clinical and Experimental Research, (May, 1999) Vol. 23, No. 5 SUPPL., pp. 81A. Meeting Info.: Scientific Conference of the Research Society on Alcoholism Santa Barbara, California, USA June 26-July 1, 1999 Research Society on Alcoholism. ISSN: 0145-6008. Language: English.

L40 ANSWER 67 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

1999307513 EMBASE Gabapentin as an adjunctive **treatment** in bipolar disorder. Young L.T.; Robb J.C.; Hasey G.M.; MacQueen G.M.; Patelis Siotis I.; Marriott M.; Joffe R.T.. L.T. Young, Mood Disorder Program, Department of Psychiatry, McMaster University, Hamilton, Ont., Canada. youngt@fhs.mcmaster.ca. Journal of Affective Disorders 55/1 (73-77) 1999.
Refs: 15.
ISSN: 0165-0327. CODEN: JADID7.
Publisher Ident.: S 0165-0327(98)00192-X. Pub. Country: Netherlands. Language: English. Summary Language: English.

AB Objective: To evaluate the efficacy of gabapentin as an adjunctive **treatment** for bipolar disorder in both depressed and manic phases. Method: Thirty seven patients with bipolar type I or II with or without a rapid cycling course were openly **treated** with gabapentin added to current **treatment** for up to six months. Mood symptoms were rated weekly for 12 weeks then monthly for 3 months utilizing the HamD and

YMS. Results: Participants experienced a significant reduction in both depressive and manic symptoms. Conclusions: These findings are consistent with others in establishing the efficacy of gabapentin in both phases of bipolar disorder. Limitations: Small sample size and the use of an open uncontrolled design limit interpretation of results. Copyright (C) 1999 Elsevier Science B.V.

L40 ANSWER 68 OF 140 MEDLINE
1999458279 Document Number: 99458279. PubMed ID: 10530696. Gabapentin. Morris G L. (Department of Neurology, Medical College of Wisconsin, Milwaukee, USA.) EPILEPSIA, (1999) 40 Suppl 5 S63-70. Ref: 38. Journal code: EIX; 2983306R. ISSN: 0013-9580. Pub. country: United States. Language: English.

AB Gabapentin (GBP) is a antiepileptic drug (AED) indicated as adjunct **therapy** for **treatment** of partial seizures, with and without secondary generalization, in patients 12 and older with epilepsy. GBP (1-(aminomethyl) cyclohexaneacetic acid) is structurally related to gamma-aminobutyric acid (GABA), which readily crosses the blood-brain barrier. Radiolabeled GBP binds throughout the central nervous system in anatomic areas important in **treatment** of seizures. Its precise mechanism of action is unknown. An open-label, dose-ranging study of doses up to 1,800 mg produced > or =50% seizure reductions [responder rate (RR)] in 29% of patients with partial seizures. Three double-blind, placebo-controlled, parallel add-on trials at doses of 300-1,800 mg have produced RR of up to 28%, with a placebo RR of 8-10%. An active controlled, parallel group comparison of 600 mg to 2,400 mg in monotherapy conversion design showed no significant difference among the 600 mg, 1,200 mg, and 2,400 mg groups compared to a placebo group. An inpatient, active-controlled comparison of 300 mg and 3,600 mg in a parallel-design monotherapy trial showed that time to exit from the study was significantly longer for the 3,600-mg group and the completion rate significantly higher (53% vs. 17%) for patients receiving 3,600 mg/day vs. 300 mg/day of GBP. Successful double-blind, placebo-controlled trials in refractory childhood partial seizures and benign childhood epilepsy with centrotemporal spikes have been recently concluded. Absence was not successfully **treated** in one small double-blind trial. Open-label reports emphasize adjustments of patients to higher doses than those indicated in the package labeling. An open-label trial of GBP **therapy** in patients with partial seizures (n = 2,216) produced progressively greater seizure freedom rates as patients were titrated from > or =900 mg daily to > or = 1,800 mg daily (15.1% vs. 33.4%), with a similar effect on RR (18.1% vs. 44.9%). An add-on, open-label study **treating** partial seizures (n = 141) reported an RR of 71%, with 46% seizure-free in the last 8 weeks of **treatment** and doses up to 2,400 mg daily. A comparison trial of three doses of GBP to 600 mg of carbamazepine showed similar retention rates for 1,800 mg of GBP and 600 mg of CBZ. Another study reported 48% of patients experiencing 50% reduction, nine of whom had doses greater than 2,400 mg. **Treatment** in children has reported a 34.4% RR in 32 children with refractory partial

seizures. A French open-label adjunctive trial documented a 33.9% RR; 13.4% were seizure-free during the evaluation period. Adverse experiences most commonly noted included somnolence, dizziness, and ataxia. Weight gain was sometimes reported with higher doses of GBP, and pediatric reports cite prominent behavioral changes, including hyperactivity, irritability, and agitation. GBP appears best used at doses at and potentially above those suggested in its package labeling. Although efficacy occurs at lower levels, increased GBP doses are associated with additional efficacy. Reports suggest that initiation at 2,400 mg or 3,600 mg may not be associated with increased adverse experiences. Titration to 900 or 1,200 mg on the first day of GBP **therapy** appear to be well tolerated.

L40 ANSWER 69 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999328524 EMBASE Positive and negative psychiatric effects of antiepileptic drugs in patients with seizure disorders. Ketter T.A.; Post R.M.; Theodore W.H.. Dr. T.A. Ketter, Stanford Univ. School of Medicine, 401 Quarry Road, Stanford, CA 94305-5723, United States. Neurology 53/SUPPL. 2 (S53-S67) 22 Sep 1999.
Refs: 288.
ISSN: 0028-3878. CODEN: NEURAI. Pub. Country: United States. Language: English. Summary Language: English.
AB Antiepileptic drugs (AEDs) have various mechanisms of actions and therefore have diverse anticonvulsant, psychiatric, and adverse effect profiles. Two global categories of AEDs are identified on the basis of their predominant psychotropic profiles. One group has 'sedating' effects in association with fatigue, cognitive slowing, and weight gain, as well as possible anxiolytic and antimanic effects. These actions may be related to a predominance of potentiation of .gamma.-aminobutyric acid (GABA) inhibitory neurotransmission induced by drugs such as barbiturates, benzodiazepines, valproate, gabapentin, tiagabine, and vigabatrin. The other group is associated with predominant attenuation of glutamate excitatory neurotransmission and has 'activating' effects, with activation, weight loss, and possibly anxiogenic and antidepressant effects. This group includes agents such as felbamate and lamotrigine. Agents such as topiramate, with both GABAergic and antiglutamatergic actions, may have 'mixed' profiles. Mechanisms of actions, activity in animal models of anxiety and depression, and clinical psychotropic effects of AEDs in psychiatric and epilepsy patients are reviewed in relationship to this proposed categorization. These considerations suggest the testable hypothesis that better psychiatric outcomes in seizure disorder patients could be achieved by **treating** patients with baseline 'activated' profiles (**insomnia**, agitation, anxiety, racing thoughts, weight loss) with 'sedating' predominantly GABAergic drugs, and conversely those with baseline 'sedated' or anergic profiles (hypersomnia, fatigue, apathy, depression, sluggish cognition, weight gain) with 'activating' predominantly antiglutamatergic agents. Systematic clinical investigation of more precise relationships of discrete mechanisms of actions to psychotropic profiles of AEDs is needed to assess the utility of this

general proposition and define exceptions to this broad principle.

L40 ANSWER 70 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999171631 EMBASE Management of psychotic aspects of Parkinson's disease.
Juncos J.L.. Dr. J.L. Juncos, Movement Disorders Program, Emory University
School of Medicine, 1841 Clifton Rd., Atlanta, GA 30329, United States.
jjuncos@emory.edu. Journal of Clinical Psychiatry 60/SUPPL. 8 (42-53) 1999.
Refs: 53.
ISSN: 0160-6689. CODEN: JCLPDE. Pub. Country: United States. Language: English. Summary Language: English.
AB Psychotic symptoms have become increasingly common in patients with idiopathic Parkinson's disease and other parkinsonian syndromes. This increased prevalence of psychoses is in part a reflection of the greater longevity of people with Parkinson's disease and, to a certain extent, is a consequence of our success in **treating** the motor symptoms of these syndromes. The psychotic symptoms associated with Parkinson's disease can be as varied as the motor symptoms. They stem from interactions between the underlying neuropathologies of the syndromes and the adverse effects associated with chronic antiparkinsonian drug administration. In patients with advanced Parkinson's diseases, there is also a high prevalence of affective comorbidity. This increase in affective symptoms and the relatively high incidence of cognitive and affective side effects of the antiparkinsonian medications contribute to the increase in psychoses observed in these older patients. The most significant risk factors for developing psychosis in Parkinson's disease are (1) coexistence of dementia, (2) protracted sleep disturbances, and (3) nighttime use of long-acting dopaminomimetics. This article reviews the phenomenology, pathophysiology, and **treatment** of psychosis associated with parkinsonism and discusses how atypical antipsychotic medications have revolutionized the management of the symptoms and improved the quality of life of those affected.

L40 ANSWER 71 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999090755 EMBASE Topiramate for intractable childhood epilepsy. Moreland E.C.; Griesemer D.A.; Holden K.R.. Dr. D.A. Griesemer, 900 MUSC Complex 508, Charleston, SC 29425, United States. Seizure 8/1 (38-40) 1999.
Refs: 5.
ISSN: 1059-1311. CODEN: SEIZE7. Pub. Country: United Kingdom. Language: English. Summary Language: English.
AB To better define the efficacy and tolerability of the new anticonvulsant topiramate in pediatric patients, the clinical courses of 49 children with intractable seizures were monitored during topiramate **therapy**.
The 80% of children who had complex partial seizures experienced better seizure control with topiramate than the 20% who had generalized seizures.
Efficacy was greatest with doses between 2.5 and 7.5 mg/kg/day. More than half the children on topiramate experienced adverse effects which could interfere with learning at school, but 20% demonstrated increased alertness or improved behavior. Topiramate is effective and may be considered as part of the **treatment** pathway for complex partial seizures in children, although careful monitoring of cognitive function is

required.

L40 ANSWER 72 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999341137 EMBASE **Treatment** of restless-legs syndrome: The role of levodopa. Stiasny K.; Oertel W.H.. K. Stiasny, Department of Neurology, Philipps University, Magburg, Germany. Focus on Parkinson's Disease 11/2 (32-36) 1999.
Refs: 46.
ISSN: 0924-2015. CODEN: FPDIF2. Pub. Country: Netherlands. Language: English. Summary Language: English.
AB Although the etiology of restless-legs syndrome (RLS) is still unknown, RLS is a **treatable** disorder. The effect of different medications on RLS has been investigated in a number of studies, including some double-blind, placebo-controlled trials, but as yet RLS is not an approved indication for any medication worldwide. After exclusion of **treatable** factors that could cause RLS, pharmacological **therapy** is indicated in those patients in whom RLS impairs quality of life and causes severe sleep disturbances. The results of several placebo-controlled trials show L-dopa (levodopa/decarboxylase inhibitor) to be the drug of first choice for idiopathic and uremic RLS. Standard L-dopa given in a single evening dose of 100200 mg is effective in patients with mild-to-moderate symptoms of RLS and sleep disturbances. Depending on the severity of symptoms, the dose can be adjusted or standard L-dopa can be used in combination with a slow-release formulation of L-dopa. Controlled data show that additional slow-release levodopa/benserazide is superior to monotherapy with standard levodopa/benserazide in patients with severe RLS and late-night symptoms. A fast-release formulation of L-dopa offers further **therapeutic** options. If L-dopa **therapy** is not sufficient, dopamine agonists are an effective and well-tolerated alternative. Opioids are not often used but are effective drugs for idiopathic RLS. Trials of opioids for uremic RLS have not yet been conducted. Benzodiazepines or their analogs are helpful additional drugs but given alone usually do not abolish symptoms completely, and long-term **treatment** should be avoided. A beneficial effect has also been reported for carbamazepine, gabapentin, and clonidine, but overall experience is limited. At present, dopaminergic substances, such as L-dopa and dopamine agonists, are the preferred **treatment** for RLS.

L40 ANSWER 73 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999417149 EMBASE Practice parameters for the assessment and **treatment** of children, adolescents, and adults with mental retardation and comorbid mental disorders. Szymanski L.; King B.H.; Bernet W.; Dunne J.E.; Adair M.; Arnold V.; Beitchman J.; Benson R.S.; Bukstein O.; Kinlan J.; McClellan J.; Rue D.; Shaw J.A.; Sloan E.; Kroeger K.D.; Ryan R.; Petti T.; Steifel S.; Dosen A.; Reiss S.; Bouras N.; Field M.L.. Dr. L. Szymanski, AACAP, Communications Department, 3615 Wisconsin Avenue, N.W., Washington, DC 20016, United States. Journal of the American Academy of Child and Adolescent Psychiatry 38/12 SUPPL. (5S-31S) 1999.

Nevertheless, the prescribing physician must follow certain principles when prescribing for the elderly. A specific diagnosis should be made, the medication should be initiated at low doses, and slowly titrated to optimal clinical response. The physician should review the patient's list of medications, inquire about the use of over-the-counter medications, and simplify the medication schedules, when possible, to maximize compliance. Whenever there is a major change in the patient's cognitive or general medical status, medications should be primary suspects.

L40 ANSWER 76 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998253893 EMBASE Does your sleepy patient have restless legs syndrome?. Anstead M.; Phillips B.; Khawaja I.; Cender D.; Gelhot A.; Pinto J.S.. Dr. M. Anstead, Div. of Pulmonary/Critical Care Med., Univ. of Kentucky Coll. of Medicine, Lexington, KY, United States. Journal of Respiratory Diseases 19/7 (563-570) 1998.
Refs: 33.
ISSN: 0194-259X. CODEN: JRDIFQ. Pub. Country: United States. Language: English. Summary Language: English.
AB Eighty percent of patients with restless legs syndrome (RLS) experience periodic limb movements of sleep (PLMS). RLS alone causes sleep-onset **insomnia** and unpleasant sensations in the limbs; both RLS and PLMS cause sleep-maintenance **insomnia** and excessive daytime sleepiness. Look for a history of repeated uncomfortable sensations that induce the urge to move; in physical examination, look for neurologic findings. Rule out iron, vitamin B12, and folate deficiencies, as well as thyroid and renal disease and medication side effects. Advise patients with RLS/PLMS to eliminate alcohol, caffeine, and smoking. Also consider a step-care approach, starting with a dopamine agonist or a benzodiazepine and progressing, if necessary, to a low- potency or high-potency opioid.

L40 ANSWER 77 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998191270 EMBASE Effect of pramipexole in **treatment** of resistant restless legs syndrome. Lin S.-C.; Kaplan J.; Burger C.D.; Fredrickson P.A.. Dr. S.-C. Lin, Sleep Disorders Center, Mayo Clinic Jacksonville, 4500 San Pablo Road, Jacksonville, FL 32224, United States. Mayo Clinic Proceedings 73/6 (497-500) 1998.
Refs: 26.
ISSN: 0025-6196. CODEN: MACPAJ. Pub. Country: United States. Language: English. Summary Language: English.
AB Objective: To report the results of an open-label trial with a dopaminergic agent, pramipexole, in patients with **treatment** -resistant restless legs syndrome (RLS). Material and Methods: We studied the response to pramipexole in a consecutive series of 16 patients with symptomatic RLS who had previously experienced failure with other dopaminergic **therapies**. Patients assessed their posttreatment change in symptoms of RLS on a visual analog scale and indicated drug-related side effects with use of a checklist. Results: With a mean dose of pramipexole of 0.3 mg, most patients reported clinically significant improvement. From 2 to 3 months after initiation of pramipexole **therapy**, nocturnal leg restlessness, involuntary leg

movements, and **insomnia** had decreased in 12, 10, and 11 patients, respectively. The most frequent adverse effects were fatigue and stiffness, which occurred in a third of the patients. Overall, the drug was well tolerated. Conclusion: On the basis of these findings, we propose that pramipexole, a D2 subgroup receptor agonist, is an effective agent for **treatment** of RLS.

L40 ANSWER 78 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998361867 EMBASE Multiple sclerosis: Symptomatic **therapies**. Metz L.. Dr. L. Metz, University of Calgary MS Clinic, Foothills Hospital, SSB, 1403 - 29 St NW, Calgary, Alta. T2N 2T9, Canada. Seminars in Neurology 18/3 (389-395) 1998.
Refs: 48.
ISSN: 0271-8235. CODEN: SEMNEP. Pub. Country: United States. Language: English. Summary Language: English.
AB Although new disease-altering **treatments** offer hope for those with multiple sclerosis, they are not appropriate for most. Management of symptoms, however, can help everyone with the disease. Several new **therapies**, including tizanidine, intrathecal baclofen, botulinum toxin injections, gabapentin, ondansitron, thalamic stimulation, and lamotrigine, increase our **treatment** options. Better understanding of the **sleep disorders** that commonly occur in those with multiple sclerosis will help us **treat** another disabling symptom. This chapter reviews the medical and surgical management of multiple sclerosis symptoms, including these new options.

L40 ANSWER 79 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999076160 EMBASE [The role of new antiepileptic drugs in childhood epilepsies]. EL PAPEL DE LOS NUEVOS FARMACOS ANTIEPILEPTICOS EN LAS EPILEPSIAS INFANTILES. Aicardi J.. Dr. J. Aicardi, Hopital Robert Debre, 48 Boulevard Serurier, F-75019 Paris, France. Revista de Neurologia 27/156 (301-305) 1998.
Refs: 37.
ISSN: 0210-0010. CODEN: RVNRAA. Pub. Country: Spain. Language: Spanish. Summary Language: English; Spanish; Italian.
AB Introduction. All over the last years an important number of new drugs to **treat** epilepsy have become available. Initially they were applied as an add-on **therapy** to conventional agents but their indications in monotherapy are already becoming defined. Objective. Giving an updated view of the actual situation of these antiepileptic drugs (AED). Development. We may refer mainly to those whose clinical applications are more clearly defined by the moment, namely, lamotrigme, vigabatrine, felbamate, gabapentin and topiramate. First we may review their modes of action, in most cases better known than those of conventional agents. Then we may refer to their side- effects which are not completely known. Finally we may refer to their specific indications in some types of seizures and epileptic syndromes. Conclusions. Their efficacy may have to be evaluated further in a larger number of comparative trials with conventional drugs. Their indications both in monotherapy and in polytherapy are to be fully defined and their toxicity profile is far from being completely known. Therefore, a conservative

policy seems still justified, the more so as the cost of these agents is extremely high as compared to most conventional drugs.

L40 ANSWER 80 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999076736 EMBASE Pharmacotherapy of panic disorder: Proposed guidelines for the family physician. Roy-Byrne P.; Stein M.; Bystrisky A.; Katon W.. Dr. P. Roy-Byrne, Dept. of Psychiatry/Behavioral Sci., Harborview Medical Center, Box 359911, 325 Ninth Ave, Seattle, WA 98104, United States. Journal of the American Board of Family Practice 11/4 (282-290) 1998.
Refs: 16.
ISSN: 0893-8652. CODEN: JABPEJ. Pub. Country: United States. Language: English. Summary Language: English.
AB Background: Efforts to improve the recognition and **treatment** of panic disorder in the primary care setting have not resulted in better outcomes. Studies show that even when physicians recognize panic disorder, they do not **treat** it adequately. Family physicians need specific diagnostic and **treatment** guidelines when they encounter a patient who has possible panic disorder. Methods: Four psychiatrists with expertise in the pharmacotherapy of panic disorder and experience working in the primary care setting reviewed the available **treatment** literature and developed a consensus **treatment** algorithm for panic pharmacotherapy in the primary care setting. These proposed guidelines were reviewed for accuracy by 3 additional psychiatric experts and for their applicability to the primary care setting by 2 leading experts on the **treatment** of mental disorders in primary care. Results: Guidelines for medication selection, dosing, titration, side-effect management, and maintenance **treatment** are proposed. Modifications for patients already on psychotropic medication are provided, and indications for psychiatric consultation are specified. Conclusions: Panic disorder is a highly **treatable** condition, and primary care physicians can deliver effective pharmacotherapy if specific guidelines are carefully followed.

L40 ANSWER 81 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999203067 EMBASE Management of first unprovoked seizures in children. Watemberg N.; Pellock J.M.. Dr. J.M. Pellock, Division of Child Neurology, Medical College of Virginia, Virginia Commonwealth University, PO Box 980211, Richmond, VA 23298-0211, United States. International Pediatrics 13/4 (214-221) 1998.
Refs: 28.
ISSN: 0885-6265. CODEN: INPDEV. Pub. Country: United States. Language: English. Summary Language: English.
AB Seizures are common in children, and pediatricians frequently need to decide whether to initiate chronic pharmacologic **therapy** in a patient after a single event. Unprovoked seizures (ie, those occurring without an obvious immediate cause) can represent a significant diagnostic and management challenge. The clinician's task is to try to establish which children are at higher risk for seizure recurrence after a first unprovoked event. The child's medical and family history, seizure characteristics, general and neurologic examination, electroencephalogram and neuroimaging studies may assist the pediatricians in this task. Currently many efficacious antiepileptic drugs are available for the

treatment of children with epilepsy. Determining the correct seizure type or epilepsy syndrome is of utmost importance given the wide range of indications and potential adverse effects associated with these medications. Antiepileptic **therapy** is usually indicated in patients considered at high risk for seizure recurrence. Although the classic antiepileptic drugs are still the preferred initial **therapy** in most cases, the choices available to the clinician have increased tremendously over the last five years.

L40 ANSWER 82 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998119636 EMBASE Monitoring sleep and breathing: Methodology. Part I: Monitoring Breathing. Phillips B.A.; Anstead M.I.; Gottlieb D.J.. Dr. B.A.
Phillips, Department of Medicine, Div. of Pulmonary and Cri. Care Med., Univ. of Kentucky Medical Center, 800 Rose Street, Lexington, KY 40536-0084, United States. Clinics in Chest Medicine 19/1 (203-212) 1998.
Refs: 49.
ISSN: 0272-5231. CODEN: CCHMDA. Pub. Country: United States. Language: English. Summary Language: English.
AB There is considerable variation in monitoring techniques and definitions of sleep-disordered breathing. Work underway at the Sleep Heart Health Study may help to clarify these issues. Home and portable monitoring have the potential to improve cost and convenience of diagnosis and **treatment** of **sleep disorders** but are currently indicated only in specific instances. Detection and monitoring of pediatric sleep-disoriented breathing varies considerably from that of adults.

L40 ANSWER 83 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999203065 EMBASE The role of new antiepileptic drugs (AEDs) in childhood.
Aicardi J.. Dr. J. Aicardi, Hopital Robert Debre, 48 Blvd. Serurier, 75019
Paris, France. International Pediatrics 13/4 (202-206) 1998.
Refs: 37.
ISSN: 0885-6265. CODEN: INPDEV. Pub. Country: United States. Language: English. Summary Language: English.
AB New antiepileptic drugs may be useful in the **treatment** of refractory epilepsies. The mechanisms of action and pharmacokinetic properties of the major new agents are briefly reviewed. These agents are usually used as part of a polytherapy although attempts at monotherapy are being pursued; therefore the interactions among new and old drugs are of clinical practical significance. The side-effects and toxicity of the new agents are not yet known as the experience with felbamate has illustrated.
As a consequence, new drugs should be used only when absolutely necessary.
Testing in children has often been limited. Some epilepsy syndromes (West syndrome and Lennox-Gastaut syndrome) definitely benefit from vigabatrin and lamotrigine. The full extent of indications and contraindications of several more recent agents is not yet defined.

L40 ANSWER 84 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998127259 EMBASE [Pharmacotherapy with benzodiazepines: Basic facts and

recent developments]. PHARMAKOTHERAPIE MIT BENZODIAZEPINEN: GRUNDLAGEN UND
NEUE ENTWICKLUNGEN. Mohler H.. Prof. H. Mohler, Institut fur Pharmakologie, ETH und Universitat Zurich, Winterthurerstrasse 190, 8057 Zurich, Switzerland. Schweizerische Rundschau fur Medizin/Praxis 87/6 (186-190) 4 Feb 1998.
Refs: 8.
ISSN: 1013-2058. CODEN: SRMPDJ. Pub. Country: Switzerland. Language: German. Summary Language: English; German.
AB Pharmacotherapy of various neurologic and psychiatric disorders is based on amplification of the effects of the inhibitory neurotransmitter GABA in the CNS. Of particular importance is the modulation of GABA(A) receptors by benzodiazepines. The effects are activity dependent and self limiting. With the development of new ligand for the benzodiazepine receptor site selective activity profiles with minimal side effects are sought. Progress is to be expected from partial agonists and in particular from ligands with selectivity for receptor subtypes.

L40 ANSWER 85 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999016200 EMBASE Current status and future prospects for anxiolytic drug **therapy**. Simon N.; Pollack M.. Dr. N. Simon, Department of Psychopharmacology, Harvard Medical School, Massachusetts General Hospital, 15 Parkman Street, Boston, MA 02114, United States. Primary Care Psychiatry 4/4 (157-167) 1998.
Refs: 98.
ISSN: 1355-2570. CODEN: PCPSF. Pub. Country: United Kingdom. Language: English. Summary Language: English.
AB Anxiety is common in primary care practices and anxiety disorders are amongst the most common psychiatric disorders. The presence of anxiety may significantly impact medical care and quality of life. In response to growing research in the anxiety disorders, options for the pharmacologic **treatment** of anxiety have increased significantly beyond benzodiazepines alone. Serotonin-selective reuptake inhibitors have become first-line for many of the anxiety disorders, but a number of alternative pharmacologic strategies are available for the refractory patient. **Treatment** options are reviewed.

L40 ANSWER 86 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998115453 EMBASE New drugs for epilepsy. Sander J.W.A.. Dr. J.W.A. Sander, Epilepsy Research Group, Queen Square, London WC1N 3BG, United Kingdom. lsander@ion.ucl.ac.uk. Current Opinion in Neurology 11/2 (141-148) 1998.
Refs: 86.
ISSN: 1350-7540. CODEN: CONEEX. Pub. Country: United Kingdom. Language: English. Summary Language: English.
AB Seizure freedom with no side-effects is the aim of **treatment**, and new antiepileptic drugs have not lived up to expectations; only a few patients with chronic epilepsy have been rendered seizure-free. These **treatments** have side-effects but their safety profile may be better than older alternatives, although chronic effects have not yet been

established. This article reviews newly marketed antiepileptic drugs. It concentrates on shortcomings of current antiepileptic **treatment** and on the way drugs are developed. A new approach to **treatment** is long overdue. The development of rational antiepileptic **treatments** should be strongly encouraged. More clinically relevant paradigms need to be developed and incorporated into clinical trial programmes as these are presently biased in their designs towards regulatory issues.

L40 ANSWER 87 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998108904 EMBASE Rebound psychiatric and physical symptoms after gabapentin discontinuation [1]. Cora-Locatelli G.; Greenberg B.D.; Martin J.D.; Murphy D.L.. Journal of Clinical Psychiatry 59/3 (131) 1998.
Refs: 4.
ISSN: 0160-6689. CODEN: JCLPDE. Pub. Country: United States. Language: English.

L40 ANSWER 88 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998064208 EMBASE Case report on gabapentin [3]. Ness T.J.; Crimaldi J.C.; McDanal J.T.. Dr. T.J. Ness, University of Alabama, Birmingham Pain Treatment Center, Anesthesiolosy Kirklin Clin. Dept., Birmingham, AL, United States. Regional Anesthesia 23/1 (110-111) 1998.
Refs: 3.
ISSN: 0146-521X. CODEN: RGANDZ. Pub. Country: United States. Language: English.

L40 ANSWER 89 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998375113 EMBASE New antiepileptic drug **therapy** for children. Pellock J.M.; Morton L.D.; Watemberg N.M.. Dr. J.M. Pellock, Division of Child Neurology, Medical College of Virginia, Virginia Commonwealth University, P.O. Box 980-211, Richmond, VA 23298-0211, United States. Neurologist 4/5 SUPPL. (S16-S22) 1998.
Refs: 58.
ISSN: 1074-7931. CODEN: NROLFW. Pub. Country: United States. Language: English. Summary Language: English.
AB BACKGROUND- Many newer antiepileptic drugs (AEDs) have been adapted for pediatric use. SUMMARY- Gabapentin has been shown to be effective as adjunctive **therapy** in children with refractory partial seizures. It can be titrated rapidly to its optimal dosage range, but children should be monitored for neurotoxicity, including behavioral changes. Lamotrigine seems to be particularly useful in children with the Lennox-Gastaut syndrome and those who have partial seizures. It often has an alerting effect in children. Lamotrigine has been associated with the development of Stevens-Johnson syndrome, however, and children are at increased risk of this adverse event. Topiramate has demonstrated efficacy in children with partial seizures and the Lennox-Gastaut syndrome. Neurotoxicity associated with high doses may be minimized by slow dosage titration. Potential uses for vigabatrin include the **treatment** of partial seizures, Lennox-Gastaut syndrome, and infantile spasms. Vigabatrin has been associated with both stimulatory and sedating adverse effects, but all have been reversible on drug discontinuation. Tiagabine is being evaluated as monotherapy and adjunctive **therapy** in children with partial seizures, and it may have a role in managing infantile spasms and other encephalopathic epilepsies. Felbamate, the only

newer AED licensed for pediatric use, has demonstrated particular efficacy
in controlling the Lennox-Gastaut syndrome. Felbamate has been associated with aplastic anemia and hepatic failure, but none of these events occurred in children aged <13 years. New alternatives for the **treatment** of acute seizures in children include parenteral fosphenytoin, a safer alternative to parenteral phenytoin, a parenteral formulation of valproate, and a rectal diazepam gel. CONCLUSIONS- These newer AEDs offer significant advantages for the **treatment** of childhood seizure disorders and will enhance the clinician's ability to individualize **treatment** for each patient. Optimal use of these agents depends on gaining familiarity with their unique efficacy, dosing, and adverse effect profiles.

L40 ANSWER 90 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998090026 EMBASE Brain injury rehabilitation. 2. Medical rehabilitation of brain injury. O'Dell M.W.; Bell K.R.; Sandel M.E.. Dr. M.W. O'Dell, Long Island Jewish Medical Center, New Hyde Park, NY 11040, United States. Archives of Physical Medicine and Rehabilitation 79/3 SUPPL. 1 (S10-S15) 1998.
Refs: 45.
ISSN: 0003-9993. CODEN: APMHAI. Pub. Country: United States. Language: English. Summary Language: English.
AB This self-directed learning module highlights new advances in the area of medical issues in brain injury rehabilitation, with an emphasis on traumatic etiologies. It is part of the chapter on brain injury rehabilitation in the Self-Directed Physiatric Education Program for practitioners and trainees in physical medicine and rehabilitation. This article contains information on post-traumatic seizures and hydrocephalus,
principles of pharmacologic and spasticity management, dizziness, visual disturbances, and language impairment. New advances covered in this section include more conservative approaches to post-traumatic seizure prophylaxis and the use of botulinum toxin and intrathecal baclofen pumps in the management of spasticity.

L40 ANSWER 91 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
97285351 EMBASE Document No.: 1997285351. A review of the newer antiepileptic
drugs and the ketogenic diet. Barron T.F.; Hunt S.L.. Dr. T.F. Barron, Department of Pediatrics, Division of Pediatric Neurology, Pennsylvania State University, Hershey, PA 17033, United States. Clinical Pediatrics 36/9 (513-521) 1997.
Refs: 61.
ISSN: 0009-9228. CODEN: CPEDAM. Pub. Country: United States. Language: English. Summary Language: English.
AB Since 1994, three new antiepileptic drugs, felbamate, lamotrigene, and gabapentin, have been released for the **treatment** of epilepsy.
The present paper provides an overview of these three drugs and reviews their potential uses in pediatric epilepsy even though felbamate is the only one with an approved use in children. Topiramate and vigabatrin, which are under investigation, are briefly reviewed. In addition, a discussion of the ketogenic diet is included because of its recent publicity. Patient examples included provide clinical illustrations for the reader.

L40 ANSWER 92 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998137199 EMBASE Learning disabilities: Moving forward - A focus on epilepsy, Birmingham, England, 29 June 1996. Ahmed Z.; O'Brien G.; Betts T.; Kerr M.P.; Fraser W.I.. Dr. Z. Ahmed, Welsh Centre Learning Disabilities, Meridian Court, North Road, Cardiff CF4 3BL, United Kingdom.
Journal of Intellectual Disability Research 41/4 (355-360) 1997.
Refs: 7.
ISSN: 0964-2633. CODEN: JIDREN. Pub. Country: United Kingdom. Language: English. Summary Language: English.
AB On 29 June 1996 a conference was held in Birmingham to highlight the status of epilepsy in people with learning disabilities. The conference consisted both of seminars and workshops. Dr Tim Betts, Birmingham; Dr Greg O'Brien, Northumberland; and Dr Mike Kerr addressed issues of assessment, diagnosis and drug **treatment** of epilepsy in this population. This meeting report summarizes the proceedings of the conference.

L40 ANSWER 93 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
97259797 EMBASE Document No.: 1997259797. [Cerebral neurotransmitters, epilepsy and new antiepileptic drugs]. NEUROTRANSMISORES CEREBRALES, EPILEPSIA Y NUEVOS ANTIEPILEPTICOS. De Dios J.G.; Penas J.J.G.; Lizana J.R.. J.G. De Dios, Prof. Manuel Sala, 6 - 3. A, 03003 Alicante, Spain.
Revista Espanola de Pediatria 53/316 (329-338) 1997.
Refs: 54.
ISSN: 0034-947X. CODEN: REPEAW. Pub. Country: Spain. Language: Spanish.

L40 ANSWER 94 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
97037042 EMBASE Document No.: 1997037042. **Treatment** of acute mania with gabapentin [1]. Stanton S.P.; Keck P.E. Jr.; McElroy S.L.. American Journal of Psychiatry 154/2 (287) 1997.
Refs: 4.
ISSN: 0002-953X. CODEN: AJPSAO. Pub. Country: United States. Language: English.

L40 ANSWER 95 OF 140 BIOSIS COPYRIGHT 2001 BIOSIS
1997:191740 Document No.: PREV199799490943. Open-label trial of gabapentin for
periodic limb movements **disorder** of **sleep**. Ehrenberg, Bruce L. (1); Mueller-Schwarze, Annette (1); Frankel, Faith. (1) Boston, MA USA. Neurology, (1997) Vol. 48, No. 3 SUPPL. 2, pp. A278-A279. Meeting Info.: 49th Annual Meeting of the American Academy of Neurology Boston, Massachusetts, USA April 12-19, 1997 ISSN: 0028-3878. Language: English.

L40 ANSWER 96 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998143695 EMBASE Restless legs syndrome. Silber M.H.. Dr. M.H. Silber, Department of Neurology, Mayo Clinic Rochester, 200 First Street SW, Rochester, MN 55905, United States. Mayo Clinic Proceedings 72/3 (261-264) 1997.
Refs: 16.
ISSN: 0025-6196. CODEN: MACPAJ. Pub. Country: United States. Language: English. Summary Language: English.
AB Restless legs syndrome is a common condition characterized by unpleasant limb sensations that are precipitated by rest and relieved by activity.

Symptoms are worse during the evening and may result in **insomnia**. Most cases are idiopathic, although the condition is sometimes familial and may be associated with a range of medical illnesses, including chronic renal failure and iron deficiency anemia. Restless legs syndrome is responsive to several medications, including levodopa, dopamine agonists, benzodiazepines, opioids, and some anticonvulsants. A practical approach to management involves a stepwise plan, commencing with intermittent **therapy** with less potent agents for mild cases and progressing to medications with greater potency but a higher potential for side effects.

L40 ANSWER 97 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
97344887 EMBASE Document No.: 1997344887. Open label gabapentin **treatment** for pain in multiple sclerosis. Houtchens M.K.; Richert J.R.; Sami A.; Rose J.W.. M.K. Houtchens, Neurovirology Res. Laboratory (151B), 500 Foothill Dr., Salt Lake City, UT 84248, United States. Multiple Sclerosis 3/4 (250-253) 1997.
Refs: 22.
ISSN: 1352-4585. CODEN: MUSCFZ. Pub. Country: United Kingdom. Language: English. Summary Language: English.
AB Pain is a frequent and distressing complaint in patients with multiple sclerosis (MS) and may present a difficult **therapeutic** problem. Conventional **therapy** is moderately effective and includes, among others, a variety of anticonvulsant medications. Gabapentin (Neurontin.RTM.) is a new generation antiepileptic drug which appears to be advantageous in **treatment** of intractable pain of reflex sympathetic dystrophy. This study investigates the benefits of open-label **treatment** with gabapentin for pain control in 25 patients with MS. Excellent to moderate pain relief was obtained in a substantial number of patients. Throbbing pains, pins and needles, and cramping pains responded best and dull aching pains responded least to the medication. There was no significant change in distribution and type of pain as a result of this **treatment**. Mild to moderate side effects were observed. Cautious escalation of the dose of gabapentin is advisable in MS patients. Further clinical trials with larger patient groups are recommended.

L40 ANSWER 98 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
97328648 EMBASE Document No.: 1997328648. Sleep attacks mimicking epileptic seizures and pseudoseizures. Malow B.A.; Fromes G.A.; Selwa L.M.. Dr. B.A. Malow, Department of Neurology, University Hospital, 1500 E. Medical Center Drive, Ann Arbor, MI 48109-0117, United States. Journal of Epilepsy
10/5 (232-235) 1997.
Refs: 11.
ISSN: 0896-6974. CODEN: JOEPEU.
Publisher Ident.: S 0896-6974(97)00057-1. Pub. Country: United States.
Language: English. Summary Language: English.
AB Common **treatable sleep disorders** resulting in excessive daytime sleepiness may resemble or contribute to spells of altered responsiveness. These spells may mimic epileptic seizures or other paroxysmal disorders. Three patients presented with paroxysmal spells of altered responsiveness that were attributed initially to epileptic

seizures or pseudoseizures. One patient had a history of childhood epilepsy and was referred for the concern of recurrent seizures. In another patient, antiepileptic drugs (AEDS) were prescribed for suspected epileptic seizures without an improvement in spells. After their physicians obtained a history of excessive daytime sleepiness, snoring, and/or restless leg symptoms, patients were evaluated with polysomnography, multiple sleep latency tests, electroencephalograms (EEG), and video-EEG monitoring. Sleep studies were diagnostic of obstructive sleep apnea, periodic limb movement disorder, and probable narcolepsy. In all patients, spells of altered responsiveness and excessive daytime sleepiness improved or resolved with **treatment** of the **sleep disorder** or discontinuation of AEDS.
Patients presenting with paroxysmal spells of altered responsiveness and excessive daytime sleepiness should be evaluated for **sleep disorders**. Identification and **treatment** of an underling **sleep disorder** may contribute to resolution of their spells.

L40 ANSWER 99 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
97217469 EMBASE Document No.: 1997217469. New antiepiletic drugs. Sirven J.I.; Liporace J.D.. Postgraduate Medicine 102/1 (147-148) 1997.
ISSN: 0032-5481. CODEN: POMDAS. Pub. Country: United States. Language: English.

L40 ANSWER 100 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
97156658 EMBASE Document No.: 1997156658. A naturalistic study of the use of vigabatrin, lamotrigine and gabapentin in adults with learning disabilities. Bhaumik S.; D Branford; Duggirala C.; Ismail I.A.. Dr. S. Bhaumik, Fosse Health Trust, Mansion House, Leicester Frith Hospital, Groby Road, Leicester LE3 9QF, United Kingdom. Seizure 6/2 (127-133) 1997.
Refs: 16.
ISSN: 1059-1311. CODEN: SEIZE7. Pub. Country: United Kingdom. Language: English. Summary Language: English.
AB Epilepsy is a common condition in people with learning disabilities with many patients continuing to suffer from seizures despite antiepileptic drug (AED) **treatment**. Although the advent of newer AEDs offers hope for better **treatment**, there is a need to compare the efficacy of each new AED in adults with both drug-resistant epilepsy and learning disabilities. This retrospective casenote study involves the analysis of the outcome for those adults with learning disabilities **treated** with either vigabatrin, lamotrigine or gabapentin. The information obtained from the casenote analysis was used to both compare the efficacies of the three drugs and also the side-effects and drop-out rates, including reasons for drop-out. The total number of patients involved was 51 who underwent 71 **treatment** episodes. All three AEDs had similar efficacies. Although vigabatrin was found to be associated with a higher incidence of behaviour problems, behaviour problems occurred with the other drugs as well. Lamotrigine caused increased seizures in 24% of patients, especially when prescribed at a higher dose. Gabapentin appeared to be associated with fewer serious side-effects.

L40 ANSWER 101 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
97235838 EMBASE Document No.: 1997235838. Recent advancements in epilepsy.

Wyler A.R.; Vossler D.G.. Dr. A.R. Wyler, Epilepsy Center, 801 Broadway, Seattle, WA 98114, United States. Surgical Neurology 48/2 (106-109) 1997.
Refs: 6.
ISSN: 0090-3019. CODEN: SGNRAI.
Publisher Ident.: S 0090-3019(97)00174-2. Pub. Country: United States. Language: English. Summary Language: English.
AB This article reviews selected medical and surgical advances that the authors view as important to improving the **treatment** of patients with epilepsy. This includes a review of six new antiepileptic drugs (fosphenytoin, felbamate, gabapentin, lamotrigine, toprimimate, and vigabatrin), recent studies of the surgical technique of Multiple Subpial Transections, and a summary of a prospective longitudinal study on anterior temporal lobectomy.

L40 ANSWER 102 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
97039373 EMBASE Document No.: 1997039373. Lamotrigine adjunctive **therapy** in childhood epileptic encephalopathy (the Lennox Gastaut syndrome). Donaldson J.A.; Glauser T.A.; Olberding L.S.. Dr. T.A. Glauser,
CCEP, Department of Neurology, Children's Hospital Medical Center, 3333 Burnet Ave., Cincinnati, OH 45229-3039, United States. Epilepsia 38/1 (68-73) 1997.
Refs: 33.
ISSN: 0013-9580. CODEN: EPILAK. Pub. Country: United States. Language: English. Summary Language: English.
AB Purpose: We assessed efficacy and safety of adjunctive lamotrigine (LTG) **therapy** in patients with the Lennox-Gastaut syndrome (LGS). Methods: The study was a single-center, retrospective chart review of open-label adjunctive LTG **therapy** in patients with LGS. Initial LTG dose and titration was dependent on concomitant antiepileptic drugs (AEDs). Efficacy was based on the change in seizure frequency between the initiation of LTG **therapy** and December 1, 1995 (or LTG discontinuation). Seizure diaries were used to count patient seizures. A secondary evaluation of efficacy was a parental or guardian assessment of the patient's global status. The evaluation of safety involved chart review for **treatment**-emergent adverse events (AE). Results: Data from 16 LGS patients were analyzed. Fifty-three percent (8 of 15) had a >50% reduction in seizure frequency with LTG adjunctive **therapy**. Tonic, atonic, generalized tonic-clonic (GTCS), and atypical absence seizure frequency but not myoclonic seizure frequency decreased significantly during LTG **therapy**. Fifty three percent of the patient's parents (8 of 15) reported that their child's quality of life (QOL) was much or very much improved during the study. The major **treatment**-emergent AE were infection (50%, 8 of 16) and sleep disturbance (19%, 3 of 16). A rash was noted in 13% (2 of 16) of the patients and resulted in LTG discontinuation in 1. No clinically significant changes were noted in neurologic examination or laboratory tests during the study. Conclusions: Our results indicate that LTG adjunctive **therapy** is effective and well tolerated in patients with LGS.

L40 ANSWER 103 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
97361376 EMBASE Document No.: 1997361376. Etiology and management of chronic pelvic pain syndromes. Reisner L.A.. Dr. L.A. Reisner, University of

California, San Francisco, CA 94143-0622, United States. Journal of Pharmaceutical Care in Pain and Symptom Control 5/4 (31-48) 1997. Refs: 37.
ISSN: 1056-4950. CODEN: JPPSEX. Pub. Country: United States. Language: English. Summary Language: English.

AB Chronic pelvic pain constitutes a major reason for gynecological visits, representing a constellation of symptoms for which no definitive **treatments** exist. History and examination must include both physical and emotional spheres. Presenting symptoms and diagnoses are heterogeneous for the pelvis and abdomen, with multiple **treatments** yielding minimal relief. Few well-controlled studies of pharmacological **therapies** exist, and **treatments** are still empiric.
Step-wise conservative **treatment** is warranted when the source of the pain is known or associated with a high level of suspicion. Pharmacological **therapy** should begin with agents appropriate for the level of pain and disability, and escalation of regimens done only when rational and genuinely **therapeutic** courses have failed. Psychosocial impact of the pain must be considered, and adjunctive **treatment** offered to minimize the impact of the pain on the patient's quality of daily living.

L40 ANSWER 104 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
97102100 EMBASE Document No.: 1997102100. Felbamate: **Therapeutic** range and other kinetic information. Troupin A.S.; Montouris G.; Hussein G.. Dr. A.S. Troupin, Department of Neurology, New Orleans, LA 70112, United States. Journal of Epilepsy 10/1 (26-31) 1997. Refs: 12.
ISSN: 0896-6974. CODEN: JOEPEU.
Publisher Ident.: S 0896-6974(96)00063-1. Pub. Country: United States. Language: English. Summary Language: English.

AB A retrospective study was performed to identify the **therapeutic** range and pharmacokinetic parameters of felbamate (FBM). Data from 104 patient visits were analyzed. FBM was the sole agent in 40%. Dose-related side effects were graded numerically, and seizure experience was coded qualitatively. For 76 visits, seizure control was better than that observed at the previous visit. The FBM **therapeutic** window was 50-110 mg/L. Doses required to achieve these levels were 50-55 mg/kg/day. FBM clearance in monotherapy was 0.67 L/kg/day, with a corresponding half-life (+1/4) of 24 h. FBM clearance increased when carbamazepine (CBZ) was combined with FBM, as evidenced by a decrement in FBM +1/4 to 15 h (61% of the FBM +1/4 in monotherapy). No appreciable changes in FBM clearance were demonstrated for comedication with phenytoin (PHT) or lamotrigine (LTG). A slight decrease in clearance was apparent when FBM was combined with valprate (VPA). We identified an interaction between FBM and gabapentin (GBP) in which the elimination of FBM was strikingly reduced, corresponding to a prolonged +1/4 of 35 h (146% of baseline). No idiosyncratic side effects were noted. A new concept, 'response/toxicity ratio,' is introduced to improve clinicians' use of the **therapeutic** range.

L40 ANSWER 105 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998187854 EMBASE New medications for childhood epilepsy: Update. Watemberg N.; Pellock J.M.. Dr. J.M. Pellock, Division of Child Neurology, Medical

College of Virginia, Virginia Commonwealth University, Post Office Box 980211, Richmond, VA 23298-0211, United States. International Pediatrics 12/1 (6-14) 1997.
Refs: 75.
ISSN: 0885-6265. CODEN: INPDEV. Pub. Country: United States. Language: English. Summary Language: English.

AB Over the last several years many new antiepileptic medications have been marketed or are close to being approved for clinical use in the United States. The need for new drugs is evident since at least one third of children with epilepsy fail to respond to, or have significant adverse effects from, standard antiepileptic drugs. preclinical trials and postmarketing experience have shown the new drugs to be effective for the **treatment** of refractory partial seizures. In the case of felbamate, unexpected serious adverse reactions have relegated this effective drug to a third- or fourth-line in epilepsy **treatment**. Furthermore, some have demonstrated efficacy against childhood encephalopathic epileptic syndromes, such as the Lennox-Gastaut syndrome. Another major advance is the development of alternative medications for parenteral use and for the acute **treatment** of seizures.

L40 ANSWER 106 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

96369596 EMBASE Document No.: 1996369596. The pharmacologic approach to the painful hand. Czop C.; Smith T.L.; Rauck R.; Koman L.A.. Department of Orthopaedic Surgery, Bowman Gray School of Medicine, Medical Center Boulevard,Winston-Salem, NC 27157-1070, United States. Hand Clinics 12/4 (633-642) 1996.
ISSN: 0749-0712. CODEN: HACLEO. Pub. Country: United States. Language: English. Summary Language: English.

AB The management of reflex sympathetic dystrophy with oral, topical, and parenteral medications is complex. This article outlines the pharmacologic options available to **treat** dystrophic pain, provides an overview of mechanisms-of-action, and defines relative indications for administration.

L40 ANSWER 107 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

97002660 EMBASE Document No.: 1997002660. Current pharmacologic **treatment** of multiple sclerosis symptoms. Andersson P.-B.; Goodkin D.E.. Dr. D.E. Goodkin, Mount Zion Multiple Sclerosis Ctr., UCSF, 1600 Divisadero St, San Francisco, CA 94115, United States. Western Journal of Medicine 165/5 (313-317) 1996.
ISSN: 0093-0415. CODEN: WJMDA2. Pub. Country: United States. Language: English. Summary Language: English.

AB About 350,000 persons in the United States have multiple sclerosis, and primary care physicians are often called on to provide symptomatic **therapy** for these patients. We review our current pharmacologic approach to the management of multiple sclerosis exacerbations and the symptoms of spasticity, fatigue, bladder and bowel involvement, neurobehavioral complaints, pain syndromes, dystonic spasms, and tremor and ataxia.

L40 ANSWER 108 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

96171810 EMBASE Document No.: 1996171810. Dose-related adverse effects of anticonvulsants. Troupin A.S.. Louisiana State Univ School Medicine, 1542 Tulane Avenue,New Orleans, LA 70112-2822, United States. Drug Safety 14/5

(299-328) 1996.
ISSN: 0114-5916. CODEN: DRSAEA. Pub. Country: New Zealand. Language: English. Summary Language: English.

AB The serum concentration at which a given drug has full efficacy in delivering seizure control bears no predictable relationship to the concentration at which adverse effects will appear. In theory, the threshold for adverse effects should be considerably higher than that for efficacy. For each agent this obviously happens most of the time, or the anticonvulsant would not be on the market, but there are also patients in whom this relationship is reversed. The adverse effects of this class of drugs are discussed from three points of view: the adverse effect type, the kinetic factors that so frequently determine the presence of adverse effects, and the specific characteristics of each drug. Some less well recognised adverse effects syndromes that are not strictly dose related are considered. The importance of adverse effects in **therapeutic** monitoring is then addressed, and some strategies for maximising efficacy without the burden of long term functional impairment or distress are discussed. The usefulness of monotherapy is stressed with due attention to rational choice of second drugs, when necessary, based on mechanisms of antiepileptic action and adverse effects profiles. While most of these symptoms evolve gradually, there are times when acute, drastic, and even life threatening clinical overdose situations present themselves. Special attention is given to these scenarios, drawing on the drug profiles and clinical pharmacokinetics that define these events to propose methods of coping with the problems efficiently and effectively.

L40 ANSWER 109 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
96139133 EMBASE Document No.: 1996139133. [**Therapy** of idiopathic and uremic restless legs syndrome]. **THERAPIE** DES IDIOPATHISCHEN UND URAMISCHEN RESTLESS-LEGS-SYNDROMS. Trenkwalder C.; Stiasny K.; Oertel W.H.. Max-Planck-Institut fur Psychiatrie, Klinisches Institut, Neurologie, Kraepelinstrasse 10,D-80804 Munchen, Germany. Nervenarzt 67/4
(265-276) 1996.
ISSN: 0028-2804. CODEN: NERVAF. Pub. Country: Germany. Language: German. Summary Language: English; German.

AB Sensory and motor symptoms of the limbs, motor restlessness and an urge to move only at rest are the characteristics of the restless legs syndrome (RLS), which often leads to severe sleep disturbances. The clinical diagnosis can be made on the basis of the typical history, normal neurological findings and, in some cases, a positive family history, and can be confirmed by polysomnography. The indication for **treatment** depends on the patient's discomfort and the severity of the sleep disturbances. L-DOPA is the **treatment** of first choice both in idiopathic and uremic RLS. A bedtime dose of 100-200 mg L-DOPA standard plus decarboxylase inhibitor is effective against mild and moderate sleep disturbances in RLS. Titration of the dosage and additional **treatment** with sustained-release preparations of L-DOPA should be applied individually. Opioids and dopamine agonists are effective alternative **treatments** in idiopathic RLS. Benzodiazepines are indicated only in individual cases. Besides L-DOPA, uremic RLS patients can be **treated** with opioids and benzodiazepines. Various approaches in the **treatment** of idiopathic and uremic RLS are

reviewed and the practical management of **therapy** is outlined.

L40 ANSWER 110 OF 140 MEDLINE
97065657 Document Number: 97065657. PubMed ID: 8909150. Periodic limb movements of sleep and the restless legs syndrome. Williams D C. (Virginia-Carolina Sleep Disorders Center in Danville, USA.) VIRGINIA MEDICAL QUARTERLY, (1996 Fall) 123 (4) 260-5. Ref: 50. Journal code: A1L;
9104333. ISSN: 1052-4231. Pub. country: United States. Language: English.
AB Periodic limb movements of sleep and the restless legs syndrome are not diagnoses but rather an indication that there is some CNS disturbance and are associated with an ever-growing number of conditions. They are very common, exist in many forms and are often overlooked by physicians. It is the author's opinion that they are parts of what has been called an akathisia syndrome in the most severe situations and may include the same mechanisms that underlie attention disorders, chronic fatigue syndrome and "sun-downing." They are likely parts of a syndrome caused by dysfunction in a complex brainstem center. This center's normal function is to maintain a smooth electrical template on which discrete neuronal impulses sculpture the rich repertoire we recognize as sensory and motor function awake and to effect a smooth "switching" mechanism allowing sleep to occur without motor and sensory input invading consciousness (awakening). While the DA-ergic CNS pathways have been thought to be the primary neurotransmitter involved, the opioids secondary, there is mounting evidence that the situation is far more complicated, that many neurotransmitter, including stimulating and inhibiting amino acids, play a part. These patients agonize with their indisposition but can be helped by various **treatments**. **Treatment** alleviates not only the distress caused by the symptoms but also the devastating **insomnia** and excessive daytime sleepiness associated with it.

L40 ANSWER 111 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
96287715 EMBASE Document No.: 1996287715. The new antiepileptic drugs. Appleton R.E.. The Roald Dahl EEG Unit, Royal Liverpool Children's Hospital, Alder Hey, Eaton Road,Liverpool L12 2AP, United Kingdom. Archives of Disease in Childhood 75/3 (256-262) 1996.
ISSN: 0003-9888. CODEN: ADCHAK. Pub. Country: United Kingdom. Language: English.

L40 ANSWER 112 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
96251396 EMBASE Document No.: 1996251396. Tolerability of newer and older anticonvulsants: A comparative review. Loiseau P.. Hopital Pellegrin,33076
Bordeaux, France. CNS Drugs 6/2 (148-166) 1996.
ISSN: 1172-7047. CODEN: CNDREF. Pub. Country: New Zealand. Language: English. Summary Language: English.
AB This review provides a comparison of conventional [phenobarbital (phenobarbitone), phenytoin, primidone, carbamazepine, ethosuximide and valproic acid (sodium valproate)] and newer (felbamate, oxcarbazepine, zonisamide, vigabatrin, gabapentin and lamotrigine) anticonvulsants. The advantages and disadvantages of the older agents are well documented,

because they have been administered to large numbers of patients for prolonged periods of time. A complete assessment of the adverse effects of the newer agents is not yet possible because of the relative lack of experience with them, such that the potential for infrequent adverse reactions occurring only after long term use is unknown. Common early adverse effects (i.e. acute toxicity) mainly affect the CNS. Sedation of drowsiness are associated with phenobarbital, primidone and zonisamide, and sometimes with vigabatrin and gabapentin, usually transiently with the latter 2 drugs. Dizziness, vertigo, diplopia and motor incoordination characterise the acute toxicity of phenytoin and carbamazepine, and can occur when lamotrigine is coadministered with carbamazepine. Drug-induced stupor or coma is a rare adverse effect of valproic acid and vigabatrin. The initiation of **treatment** with several anticonvulsants can be followed by an increase in seizure frequency. However, true drug-induced seizures tend to only occur in patients with particular epileptic syndromes. Gastrointestinal disturbances are more frequent after initiation of primidone, valproic acid and ethosuximide than other anticonvulsants. Leucopenia and increases in liver enzyme levels are frequent with all anticonvulsants, but usually are without clinical significance. Rare early adverse reactions mainly involve a hypersensitivity syndrome, most often limited to a skin rash. Skin eruptions have been reported to occur with all the anticonvulsants, and are probably benign in most cases. However, potentially fatal reactions are possible. Toxic acute fulminant liver failure has been associated with exposure to valproic acid, mainly in polymedicated infants with particular epilepsies, and to felbamate. CNS effects after long term administration of anticonvulsants are common. Sedation, drowsiness, fatigue and dizziness are common consequences of phenobarbital, primidone and zonisamide **therapy**. Other anticonvulsants usually produce minimal sedation. Lamotrigine may cause **insomnia** in adults. Phenytoin may slow motor functioning. Occasionally, phenytoin and valproic acid have been responsible for a subacute encephalopathy presenting as a reversible dementia. Movement disorders of various types are also a rare adverse reaction to all conventional anticonvulsants, although only valproic acid-induced tremor is of clinical significance. Behavioural changes and acute psychosis may result from the use of barbiturates, valproic acid and vigabatrin. Anticonvulsant-related leucopenia has various significance. Aplastic anaemia has been reported secondary to many conventional drugs and to felbamate, usually in polymedicated patients. Thrombocytopenia or platelet dysfunction has only been associated with valproic acid. Connective tissue disorders are a possible consequence of prolonged exposure to barbiturates or phenytoin. They have not been reported with carbamazepine or the new drugs. Increase in bodyweight are a prevalent adverse effect of valproic acid and vigabatrin, and have also been noted in patients exposed to gabapentin. Immunological disorders have to date not been associated with the newer drugs, but this may be a result of the limited experience with these agents. Phenobarbital, primidone, phenytoin and carbamazepine have been reported to induce clinical, and more often biological, signs of osteomalacia, while oxcarbazepine has not.

Hyponatraemia may be a complication of carbamazepine and oxcarbazine **therapy**. The other older and newer anticonvulsants do not modify electrolyte levels.

L40 ANSWER 113 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
96126571 EMBASE Document No.: 1996126571. [**Sleep disorders** in neurological diseases]. SCHLAFSTORUNGEN BEI NEUROLOGISCHEN ERKRANKUNGEN. Schilling F.. Klinikum, Klinik und Poliklinik f. Neurologie, PSF 595,99012 Erfurt, Germany. Zeitschrift fur Arztliche Fortbildung 90/2 (131-137) 1996.
ISSN: 0044-2178. CODEN: ZAFBAX. Pub. Country: Germany. Language: German. Summary Language: German; English.
AB **Sleep disorders** in central or peripheral nervous system diseases frequently occur, but they often are neglected in diagnosis and **therapy**. During the last 20 years, sleep medicine has obtained more and more importance. It is possible to draw conclusions about the topical organization of sleep-wake-regulation by investigating of certain diseases. In the following survey the most important clinical pictures in neurology are described in consideration of an affected sleep.
Typical symptoms and polysomnographic findings as well as recommendations for **therapy** are demonstrated.

L40 ANSWER 114 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
96049502 EMBASE Document No.: 1996049502. Adjuvant analgesic agents. Portenoy R.K.. Department of Neurology, Memorial Sloan-Kettering Cancer Ctr., 1275 York Avenue,New York, NY 10021, United States. Hematology/Oncology Clinics of North America 10/1 (103-119) 1996.
ISSN: 0889-8588. CODEN: HCNAEQ. Pub. Country: United States. Language: English. Summary Language: English.
AB Adjuvant analgesics are usually considered when the patient with cancer pain fails to attain a satisfactory balance between analgesia and side effects during opioid **therapy**, or experiences a comorbid symptom or disorder that may be amenable to one of the adjuvant drugs. When pain is the primary indication, the use of adjuvant analgesics is one strategy that must be evaluated in comparison with other potentially analgesic approaches. The potential costs, inconvenience, and risks associated with polypharmacy must be balanced by demonstrable benefits. To offer the most informed recommendation, the clinician must have a strong working knowledge of the many drugs currently used as adjuvant analgesics and a detailed assessment of the patient and pain syndrome.

L40 ANSWER 115 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
96251736 EMBASE Document No.: 1996251736. New antiepileptic drugs. Agosti R.M.; Katz D.I.. Traumatic Brain Injury Program, Braintree Hospital Rehabil. Network,Braintree, MA, United States. Journal of Head Trauma Rehabilitation 11/4 (100-103) 1996.
ISSN: 0885-9701. CODEN: JHRHEM. Pub. Country: United States. Language: English.

L40 ANSWER 116 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

96113722 EMBASE Document No.: 1996113722. New drugs for the **treatment** of epilepsy. Fraser A.D.. Division of Clinical Chemistry, Victoria General Hospital, 1278 Tower Road,Halifax, NS B3H 2Y9, Canada. Clinical Biochemistry 29/2 (97-110) 1996.
ISSN: 0009-9120. CODEN: CLBIAS. Pub. Country: United States. Language: English. Summary Language: English.
AB Objectives: This article will review current data on the metabolism, interactions, methods of analysis, and adverse effects observed with the use of new anticonvulsant drugs. The role of the laboratory in the provision of **therapeutic** drug monitoring for these drugs is discussed. Conclusion: Certain of the newer anticonvulsant drugs require **therapeutic** drug monitoring for their optimal use in the **treatment** of epileptic seizures. The requirement for **therapeutic** drug monitoring has not been established for some of these drugs. Many of the newer anticonvulsant drugs, including lamotrigine, felbamate, vigabatrin, and zonisamide, interact clinically with established drugs, such as phenytoin, phenobarbital, carbamazepine, and valproic acid. Introduction of these new drugs will result in the need for more frequent monitoring of the established drugs during polytherapy. The need for a drug-monitoring service for anticonvulsant drugs overall will continue, due to the frequency of drug interactions, the incidence of adverse effects, and concerns about compliance with the dosing regimen in these patients.

L40 ANSWER 117 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
96186185 EMBASE Document No.: 1996186185. Utilization of new antiepileptic drugs in children. Pellock J.M.. Division of Child Neurology, Medical College of Virginia, Virginia Commonwealth University, P.O. Box 980211,Richmond, VA 23298-0211, United States. Epilepsia 37/SUPPL. 1 (S66-S73) 1996.
ISSN: 0013-9580. CODEN: EPILAK. Pub. Country: United States. Language: English. Summary Language: English.
AB Studies of the newer antiepileptic drugs suggest that they are exciting additions with improved efficacy and a perhaps decreased toxicity in certain types of refractory childhood epilepsy. In some very rare syndromes only anecdotal reports exist and further study is needed. Issues of tolerability, long-term safety in very young children, and effects on learning, behavior and other cognitive functions must be balanced with the possibility of improved efficacy. Additional well-controlled studies taking into account both seizure types and epilepsy syndromes are very much needed in neonates, infants, school aged children and adolescents.

L40 ANSWER 118 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
96251414 EMBASE Document No.: 1996251414. Incidence of dose-related adverse effects of anticonvulsants can be minimised. Drugs and Therapy Perspectives 8/5 (13-16) 1996.
ISSN: 1172-0360. CODEN: DTHPEE. Pub. Country: New Zealand. Language: English.

L40 ANSWER 119 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

95301751 EMBASE Document No.: 1995301751. Taming the brain storms: Felbamate updated. Brodie M.J.; Pellock J.M.. Epilepsy Research Unit, Department Medicine and Therapeutics, Western Infirmary,Glasgow, United Kingdom. Lancet 346/8980 (918-919) 1995.
ISSN: 0140-6736. CODEN: LANCAO. Pub. Country: United Kingdom. Language: English.

L40 ANSWER 120 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
95292390 EMBASE Document No.: 1995292390. Lamotrigine. An update of its pharmacology and **therapeutic** use in epilepsy. Fitton A.; Goa K.L.. Adis International Limited, 41 Centorian Drive,Mairangi Bay, Auckland 10, New Zealand. Drugs 50/4 (691-713) 1995.
ISSN: 0012-6667. CODEN: DRUGAY. Pub. Country: New Zealand. Language: English. Summary Language: English.
AB Lamotrigine is an antiepileptic agent which blocks voltage-dependent sodium channels, thereby preventing excitatory neurotransmitter release. Clinical evidence indicates that lamotrigine is effective against partial and secondarily generalised tonic-clonic seizures, as well as idiopathic (primary) generalised epilepsy. As monotherapy, lamotrigine 100 to 300 mg/day has similar medium term (30 to 48 weeks) efficacy to carbamazepine 300 to 1400 mg/day and phenytoin 300 mg/day against partial onset seizures
and idiopathic generalised tonic-clonic seizures in adults with newly diagnosed epilepsy, and appears to be better tolerated than the older agents. As adjunctive **therapy** lamotrigine (50 to 500 mg/day) has shown efficacy in short term (.ltoreq. 6-month) placebo-controlled studies
in adults with refractory partial epilepsy, reducing total seizure frequency (by .ltoreq. 60%) and producing improvement (.gtoreq. 50% reduction in seizure frequency) in .ltoreq. 67% of patients. Both simple and complex partial seizures and secondarily generalised tonic-clonic seizures are reduced by lamotrigine, with generalised seizures (particularly absence seizures, atonic seizures and Lennox-Gastaut syndrome) tending to be more responsive than partial seizures. This reduction in seizure frequency is sustained on long term (3 years) **therapy** and is reportedly accompanied by an improvement in psychological well-being. In children with refractory multiple seizure types, lamotrigine (.ltoreq. 15 mg/kg/day; 400 mg/day) has proved effective as add-on **therapy** with .simeq. 40% of patients showing .gtoreq. 50% reductions in seizure frequency and .simeq. 10% achieving abolition of seizures after 3 months' **treatment**. Generalised seizures, including atypical and typical absence seizures, atonic and tonic seizures and Lennox-Gastaut syndrome are most responsive. The most common adverse events associated with lamotrigine are primarily neurological, gastrointestinal and dermatological. Maculopapular or erythematous skin rash, occasionally severe, occurs in .simeq. 10% of patients and is the most common cause of **treatment** withdrawal. The risk of rash can, however, be minimised through adoption of a low slow
dosage titration schedule on initiating **therapy**. As monotherapy, lamotrigine produces less drowsiness than carbamazepine or phenytoin, and less asthenia and ataxia than phenytoin. Clinical experience would therefore suggest that lamotrigine is a particularly effective and generally well tolerated broad-spectrum agent for adjunctive **treatment** of both partial epilepsy and idiopathic generalised

epilepsy in adults and children. Initial indications point to the drug filling an increasingly important future role in the monotherapy of newly diagnosed epilepsy.

L40 ANSWER 121 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
95128643 EMBASE Document No.: 1995128643. Seizure disorders. Fisher P.G.; Bergin A.M.; Singer H.S.. Johns Hopkins Hospital, Department of Neurology, 600 N. Wolfe Street,Baltimore, MD 21287-8811, United States. Child and Adolescent Psychiatric Clinics of North America 4/2 (461-481) 1995. ISSN: 1056-4993. CODEN: CAPAF2. Pub. Country: United States. Language: English. Summary Language: English.

AB The management of children with seizures requires proper classification of the seizure type, completion of the etiological investigation, and administration of appropriate **therapy**. In this report we have emphasized the medical strategies used in diagnosing and **treating** epilepsy and have provided information on the newest antiepileptic drugs. With proper evaluation and management, control of seizures can be expected in the majority of patients. Despite our emphasis on anticonvulsants, care must extend beyond the use of pharmacotherapy. Seizures are frightening and distressing experiences, both to affected individuals and to those who witness the events. The **treating** physician must realize that a patient with seizures has intrinsic anxieties and faces social, educational, and vocational restrictions. Psychosocial management is therefore an essential component of comprehensive care. Further information can be obtained through books available for families or the nonprofit Epilepsy Foundation of America, National Headquarters, 4351 Garden City Drive, Landover, MD 20785; phone (301) 459-3700 or (800) EFA-1000.

L40 ANSWER 122 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
95195785 EMBASE Document No.: 1995195785. [Anticonvulsant drug **therapy**: Historical and current aspects]. MEDIKAMENTOSE ANTIKONVULSIVE **THERAPIE**. HISTORISCHE UND AKTUELLE ASPEKTE. Bauer J.; Elger C.E.. Universitatsklinik fur Epileptologie, Rheinische Friedrich-Wilhelms-Univ., Sigmund-Freud-Strasse 25,D-53105 Bonn, Germany. Nervenarzt 66/6 (403-411) 1995. ISSN: 0028-2804. CODEN: NERVAF. Pub. Country: Germany. Language: German. Summary Language: German; English.

AB The development of new antiepileptic drugs in recent years has enlarged the number of anticonvulsant compounds for the **treatment** of intractable focal epilepsies. The anticonvulsant potency of these drugs is usually compared by the number of patients who achieve a reduction in seizure frequency of more than 50%. Such an effect can be observed in approximately 20-30% of patients with pharmacoresistant focal epilepsies and is about the same with all the new compounds. In addition to the influence on focal seizures some of the novel anticonvulsant drugs exhibit efficacy in generalized seizures or in Lennox-Gastaut syndrome. In general

there are fewer side effects in newly developed drugs than in standard anticonvulsants. However, in some cases characteristic side effects may occur: weight gain, depression or psychosis from vigabatrin; lamotrigine may provoke allergic rashes and felbamate may cause gastrointestinal side effects and sleeplessness. Apart from felbamate, there are no interactions with an antiepileptic comedication or they are of little importance. The development of the new anticonvulsants follows a rational design based on pathophysiological aspects: the main aim is to influence synaptic transmission, resulting in an increase in inhibitory and a decrease in excitatory transmitters. Thus, vigabatrin and tiagabine enhance the endogenous GABA amount, whereas felbamate and remacemide interact with the NMDA-receptor complex. Because it is not possible to draw sufficient conclusions from add-on studies in clinical testing it is necessary to establish new forms of trial designs. Monotherapy designs are favored because they lack possible interactions with comedication and make the anticonvulsant efficacy of the compound better comparable to those of established anticonvulsants. However, because of ethical aspects clinical testing with these designs remains restricted to a limited number of patients.

L40 ANSWER 123 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
95212822 EMBASE Document No.: 1995212822. New antiepileptic drugs for the **treatment** of childhood epilepsies. Hahn J.S.. Western Journal of Medicine 162/4 (353-354) 1995.
ISSN: 0093-0415. CODEN: WJMDA2. Pub. Country: United States. Language: English.

L40 ANSWER 124 OF 140 BIOSIS COPYRIGHT 2001 BIOSIS
1995:285220 Document No.: PREV199598299520. Successful **treatment** of restless leg syndrome with gabapentin (Neurontin. Mellick, Gary A. (1); Mellick, Larry B.. (1) Lorain, OH USA. Neurology, (1995) Vol. 45, No. 4 SUPPL. 4, pp. A285-A286. Meeting Info.: 47th Annual Meeting of the American Academy of Neurology Seattle, Washington, USA May 6-13, 1995
ISSN: 0028-3878. Language: English.

L40 ANSWER 125 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
95074457 EMBASE Document No.: 1995074457. Neurological manifestations of tuberous sclerosis complex. Pathophysiology and drug **treatment** options. Appleton R.E.; Fryer A.E.. Roald Dahl EEG Unit, Royal Children's Hosp. (Alder Hey),Liverpool, England, United Kingdom. CNS Drugs 3/3 (174-185) 1995.
ISSN: 1172-7047. CODEN: CNDREF. Pub. Country: New Zealand. Language: English. Summary Language: English.
AB Tuberous sclerosis complex (TSC) is one of the most commonly occurring and recognised neurocutaneous syndromes, with a prevalence of approximately 1 in 30 000 and a birth incidence of 1 in 10 000. It is a multi-system disorder affecting predominantly the CNS and skin. The underlying genetic defect and pathophysiology in TSC is unclear, but is thought to involve an impairment of normal cell migration resulting in dysplastic and dysfunctional organ systems. Involvement of the CNS is responsible for much of the mortality and morbidity that is associated with TSC. Epilepsy

and learning difficulties (mental retardation) are the most frequent CNS manifestations. This combination of symptoms are reflected in the historical alternative, but inappropriately pejorative, name 'epiloia', a conjoint description of epilepsy and anoia (meaning 'mindlessness'). The state of knowledge, understanding and, to a lesser extent, **treatment** of TSC has progressed significantly in the 100 years since the initial description of the condition. Unfortunately, TSC is largely nonpreventable and patients with the disorder cannot be cured. Attention has therefore focused on the attempted suppression or control of symptoms, usually by pharmacotherapy and educational/psychological support and rarely by surgical procedures. These approaches have had varying success. Epilepsy is the most common and, in many ways, the most frustrating neurological symptom. Seizure control is frequently difficult and occasionally impossible, but has benefited from the advent of the new antiepileptic drugs including vigabatrin and lamotrigine. Learning disabilities, autism and other neuropsychiatric manifestations of TSC are generally not amenable to drug **therapy** and are reliant more on specific educational and behavioural manipulation. Disturbed sleep is common in children with TSC, and for their caregivers this is often the most distressing and medically neglected manifestation of the disease. The use of melatonin in **treating** dysfunctional sleep has offered some real hope for this specific neurological symptom of TSC.

L40 ANSWER 126 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
95333109 EMBASE Document No.: 1995333109. [New anticonvulsant drugs: An update]. EPILEPSIE-**THERAPY**: TRENDS UND STELLENWERT VON NEUEN ANTIEPILEPTIKA. Scollo-Lavizzari G.; Marugg A.. Kantonsspital, Neurologische Klinik, Abt. fur Elektroenzephalographie,CH-4031 Basel, Switzerland. Schweizer Archiv fur Neurologie und Psychiatrie 146/4 (168-170+172-173) 1995.
ISSN: 0258-7661. CODEN: SANPE8. Pub. Country: Switzerland. Language: German. Summary Language: German; English.
AB New antiepileptic drugs such as vigabatrin, lamotrigine, gabapentin, oxcarbazepine and felbamate have been lately marketed. This article provides an overview, showing known modes of action, pharmacokinetics, efficacy, tolerability, interactions and indications. A table showing selected data of antiepileptic drugs is included.

L40 ANSWER 127 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
95270742 EMBASE Document No.: 1995270742. New medications for the **treatment** of epileptic seizures (part one). Rak I.W.. Sacred Heart Reg. Epilepsy Center,Allentown, PA 18102-3490, United States. American Journal of EEG Technology 35/3 (162-166) 1995.
ISSN: 0002-9238. CODEN: AJETA6. Pub. Country: United States. Language: English. Summary Language: English.
AB The last decade has seen the development and testing of several new drugs to control previously drug-resistant seizure disorders. This brief review introduces technologists to felbamate, gabapentin, and lamotrigine.

L40 ANSWER 128 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
95163046 EMBASE Document No.: 1995163046. New antiepileptic drugs. Benetello P.. Institute of Neurology, University of Padua, Via Giustriani 5,35128

Padova, Italy. Pharmacological Research 31/3-4 (155-162) 1995.
ISSN: 1043-6618. CODEN: PHMREP. Pub. Country: United Kingdom. Language: English. Summary Language: English.

AB Notwithstanding pharmacokinetics has greatly increased the rational approach to the drug **treatment** of epilepsies, about 25% of the patients do not respond to the **therapy**. Therefore, a great effort has been made to discover new antiepileptic drugs effective in refractory seizures. On the basis of increased knowledge of seizure pathophysiology two principal groups of drugs have been developed: the first enhancing brain GABA activity (vigabatrin); the second inhibiting excitatory amino-acids (lamotrigine and felbamate). Oxcarbazepine has the same mechanism of action as carbamazepine, whereas gabapentin's mechanism is still uncertain. The major clinical indications of these new antiepileptic drugs are represented by partial complex seizures. Side effects (mostly regarding the central nervous system) appear mild, and clinical interactions have little importance. The role of **therapeutic** drug monitoring for these substances is at present not well established.

L40 ANSWER 129 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

95350661 EMBASE Document No.: 1995350661. [Review: The new antiepileptic drugs and their clinical application]. REVISION DE LOS NUEVOS ANTIEPILEPTICOS EN SU APLICACION CLINICA. Ferriols Lisart F.; Rodilla Calvelo F.; Ferriols Lisart R.; Magraner Gil J.. Servicio de Farmacia, Hospital Clinico Universitario, Avda. Blasco Ibanez, 17,46010 Valencia, Spain. Farmacia Hospitalaria 19/3 (127-132) 1995.
ISSN: 1130-6343. CODEN: FAHOE2. Pub. Country: Spain. Language: Spanish. Summary Language: Spanish; English.

AB Epilepsy is a disease with a high prevalence rate (0.5-1.5% of the population) in which pharmacologic control is only achieved in 80% of the cases. Thus, new and more effective drugs, with less untoward effects, and capable to control the disease, are being searched. In the present work we have carried out a review on the clinical efficacy of four new anticonvulsant drugs (vigabatrine, lamotrigine, gabapentine and felbamate) which could be a higher contribution to the **therapeutical** arsenal. However, this new anticonvulsant agents can not be considered the drugs of choice yet, since for the moment they are reserved for the **treatment** of patients with epileptic crisis unmanageable by the conventional pharmacologic **therapy**.

L40 ANSWER 130 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

95144753 EMBASE Document No.: 1995144753. Integrated use of old and new antiepileptic drugs. Dichter M.A.. Department of Neurology, The Graduate Hospital, 19th and Lombard Street,Philadelphia, PA 19146, United States. Current Opinion in Neurology 8/2 (95-102) 1995.
ISSN: 1350-7540. CODEN: CONEEX. Pub. Country: United Kingdom. Language: English. Summary Language: English.

AB Three new antiepileptic drugs have been approved for use in the USA in the past year and a half and several others are available in Europe and Japan.

Each of these drugs has been efficacious against partial seizures without or with secondary generalization and some may also be efficacious against primary generalized seizures. None of the new drugs appears to be a quantum leap in **therapy** over the others that are already available. How these new drugs will be integrated into a rational scheme for the **treatment** of individuals with epilepsy remains to be determined. Side-effect profiles, pharmacokinetic issues, and cost will likely be significant issues.

L40 ANSWER 131 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
94352919 EMBASE Document No.: 1994352919. [New antiepileptic drugs]. NEUE ANTIEPILEPTIKA. Bas H.. Ars Medici 84/15 (994-1000) 1994.
ISSN: 0004-2897. CODEN: AMOPCX. Pub. Country: Switzerland. Language: German. Summary Language: German.

L40 ANSWER 132 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
94366455 EMBASE Document No.: 1994366455. Pediatric seizures. Vining E.P.G.. CMSC 141, Johns Hopkins Hospital, 600 N. Wolfe Street,Baltimore, MD 21287-3141, United States. Emergency Medicine Clinics of North America 12/4 (973-988) 1994.
ISSN: 0733-8627. CODEN: EMCAD7. Pub. Country: United States. Language: English. Summary Language: English.
AB The initial management and **treatment** issues for seizures in children are discussed. The differential diagnosis is also reviewed. The decision concerning initiation of **therapy** depends on careful assessment of the potential risks and benefits. A **therapeutic** plan is outlined together with guidelines for using various medications.

L40 ANSWER 133 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
94155483 EMBASE Document No.: 1994155483. New antiepileptic drugs. Harden C.L.. Comprehensive Epilepsy Center, New York Hospital, Cornell University
Medical Center, 525 East 68th Street,New York, NY 10021, United States. Neurology 44/5 (787-795) 1994.
ISSN: 0028-3878. CODEN: NEURAI. Pub. Country: United States. Language: English.

L40 ANSWER 134 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
95005226 EMBASE Document No.: 1995005226. The new anticonvulsant drugs: Implications for avoidance of adverse effects. Schmidt D.; Kramer G.. Epilepsy Research Group, Goethestrasse 5,D-14163 Berlin, Germany. Drug Safety 11/6 (422-431) 1994.
ISSN: 0114-5916. CODEN: DRSAEA. Pub. Country: New Zealand. Language: English. Summary Language: English.
AB Several new antiepileptic drugs offer a worthwhile alternative when standard antiepileptic drugs have failed. Suggestions have been made to improve the risk-benefit ratio of the new antiepileptic agents. More specifically, vigabatrin, which is a very useful and well tolerated new antiepileptic drug for refractory partial epilepsy, should be started at a
low dosage of 0.5 g/day with increments of 0.5 g/day every week. Daily dosages exceeding 3 g/day should be restricted to patients with improvement. If necessary, the daily dosage of vigabatrin should be withdrawn slowly, i.e. by not more than 1 g/week. Lamotrigine is also a beneficial new drug for refractory partial and generalized seizures.

However, the drug is associated with rash. In patients also receiving valproic acid (sodium valproate) [which inhibits the metabolism of lamotrigine], the incidence of rash can be reduced by slow titration of 25mg every other day for the first week and 25mg per day for the second week. Rare hypersensitivity reactions, e.g. Stevens-Johnson syndrome, remain a problem. The risk-benefit ratio of felbamate has recently been compromised by fatal aplastic anaemia and fatal liver disease in a number of patients. In general, patients should be withdrawn from felbamate, if possible, until further clarification of its definitive risk-benefit ratio. Finally, gabapentin is a very safe add-on medication. Its remarkably low potential to cause adverse effects makes it a welcome addition for the **treatment** of refractory partial epilepsy.

L40 ANSWER 135 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
95000678 EMBASE Document No.: 1995000678. Noncognitive side effects of anticonvulsant agents: Monitoring patients with traumatic brain injury. Wroblewski B.. Department Rehabilitation Medicine, Tufts University School of Medicine,Boston, MA, United States. Journal of Head Trauma Rehabilitation 9/4 (81-84) 1994.
ISSN: 0885-9701. CODEN: JHRHEM. Pub. Country: United States. Language: English.

L40 ANSWER 136 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
94227464 EMBASE Document No.: 1994227464. Newer antiepileptic drugs. Towards an improved risk-benefit ratio. Patsalos P.N.; Sander J.W.A.S.. Pharmacology and Therapeutics Unit, Institute of Neurology, Queen Square,London WC1N 3BG, United Kingdom. Drug Safety 11/1 (37-67) 1994.
ISSN: 0114-5916. CODEN: DRSAEA. Pub. Country: New Zealand. Language: English. Summary Language: English.
AB Epilepsy is one of the most common neurological disorders. Even though existing antiepileptic drugs can render 80% of newly diagnosed patients seizure free, a significant number of patients have chronic intractable epilepsy causing disability with considerable socioeconomic implications. There is, therefore, a need for more potent and effective antiepileptic drugs and drugs with fewer adverse effects, particularly CNS effects. Drugs for the **treatment** of partial seizures are particularly needed. With major advances in our understanding of the basic neuropathology, neuropharmacology and neurophysiology of epilepsy, numerous candidate novel antiepileptic drugs have been developed in recent years. This review comparatively evaluates the pharmacokinetics, efficacy and adverse effects of 12 new antiepileptic drugs namely vigabatrin, lamotrigine, gabapentin, oxcarbazepine, felbamate, tiagabine, eterobarb, zonisamide, remacemide, stiripentol, topiramate and levetiracetam (ucb-L059). Of the 12 drugs, vigabatrin, lamotrigine and gabapentin have recently been marketed in the UK. Five of these new drugs have known mechanisms of action (vigabatrin, lamotrigine, tiagabine, oxcarbazepine and eterobarb), which may provide for a more rational approach to the **treatment** of epilepsy. Oxcarbazepine, remacemide and eterobarb are prodrugs. Vigabatrin, gabapentin and topiramate are more promising on the basis of their pharmacokinetic characteristics in that they are excreted mainly unchanged in urine and not susceptible to significant pharmacokinetic interactions. In contrast, lamotrigine, felbamate and stiripentol exhibit significant drug interactions. Essentially, all the

drugs are effective in partial or secondarily generalised seizures and are effective to varying degrees in other seizure types. Particularly welcome is the possible effectiveness of zonisamide in myoclonus and felbamate in Lennox-Gastaut syndrome. In relation to adverse effects, CNS effects are observed with all drugs, however, gabapentin, remacemide and levetiracetam appear to exhibit least. There is also the possibility of rational duotherapy, using drugs with known mechanisms of action, as an additional **therapeutic** approach. The efficacy of these 12 antiepileptic drug occurs despite the fact that candidate antiepileptic drugs are evaluated under highly unfavourable conditions, namely as add-on **therapy** in patients refractory to drug management and with high seizure frequency.

Thus, whilst candidate drugs which do become licensed are an advance in that they are effective and/or are associated with less adverse effects than currently available antiepileptic drugs in these patients, it is possible that these drugs may exhibit even more improved risk-benefit ratios when used in normal clinical practice.

L40 ANSWER 137 OF 140 MEDLINE DUPLICATE 4
94229031 Document Number: 94229031. PubMed ID: 8174517. Antiepileptic drugs in development: prospects for the near future. Leppik I E. (Department of Neurology, University of Minnesota, Minneapolis.) EPILEPSIA, (1994) 35 Suppl 4 S29-40. Ref: 86. Journal code: EIX; 2983306R. ISSN: 0013-9580. Pub. country: United States. Language: English.

AB Among some 14 new antiepileptic drugs (AEDs), those most extensively tested in humans include felbamate (FBM), gabapentin (GBP), lamotrigine (LTG), oxcarbazepine (OCBZ), vigabatrin (VGB), and zonisamide (ZNS). All are currently marketed in some but not all countries. Although no large, comparative studies on efficacy have been conducted, all of these new AEDs are effective in adult localization-related epilepsies, and some have activity in specific syndromes. Although these drugs all have some CNS side effects, especially when administered in combination with other AEDs, they also all have low toxicity profiles. The availability of AEDs with different mechanisms of action may facilitate rational polytherapy. FBM is not teratogenic in animals. Half-life of FBM in humans is 11-28 h. Daily FBM dosages are 15-45 mg/kg in children and 2,400-4,800 mg in adults. Side effects include **insomnia** and anorexia, with weight loss. FBM increases phenytoin (PHT) and valproate (VPA) concentrations, and FBM concentration may be affected by other drugs. It is available in the United States for **treatment** of Lennox-Gastaut syndrome and partial seizures in adults. GBP is very water soluble. Half-life of GBP in humans is 5-7 h and daily dosages range from 900 to 2,400 mg in adults. Few side effects have been observed. GBP is not metabolized by the liver and has no drug interactions. It is available in the United Kingdom and the United States. LTG has no teratogenicity in animal models. Half-life of LTG in humans depends on co-medication: with enzyme inducers it is 15-24 h, and with VPA it is approximately 60 h. LTG dosages are 100-600

mg/day in adults. LTG is available in Europe. OCBZ is rapidly metabolized to 10,11-dihydro-10-hydroxy-carbazepine (MHD), the active compound. Animal studies have shown similar efficacy but superior toxicity to carbamazepine (CBZ) in animal models. For MHD, half-life ranges from 10 to 15 h in patients. OCBZ dosages range from 300 to 1,800 mg/day. VGB is a potent, irreversible inhibitor of GABA transaminase which elevates GABA levels in the CNS. Daily dosages of 2,000-4,000 mg of VGB are needed in adults. Although intramyelinic edema has developed in rats and dogs, it has not yet presented in other mammals or humans. ZNS is a sulfonamide effective in animal models of epilepsy. Half-life of ZNS is 27-36 h. ZNS daily dosage is 400-600 mg. ZNS has been effective in some cases of Baltic myoclonic epilepsy.

L40 ANSWER 138 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
94034518 EMBASE Document No.: 1994034518. Seizure disorders in children. Holmes G.L.. Clinical Neurophysiology Laboratory, Children's Hospital, 300 Longwood Avenue,Boston, MA 02115, United States. Current Opinion in Pediatrics 5/6 (653-659) 1993.
ISSN: 1040-8703. CODEN: COPEE. Pub. Country: United States. Language: English. Summary Language: English.
AB During this 'Decade of the Brain' there have been hopeful developments in childhood seizures. 1993, in particular has been an exciting time for physicians caring for patients with epilepsy. Three promising new antiepileptic drugs will be introduced and several more are undergoing clinical trials. Epilepsy surgery is becoming a more frequent option in children with medically intractable seizures, particularly those with catastrophic epileptic syndromes. Improved anatomic and functional neuroimaging has improved our ability both to detect brain anomalies responsible for seizures and to localize the epileptic focus. The increasing availability of new antiepileptic drugs coupled with the increasing success of epilepsy surgery has dramatically improved the life of many children with epilepsy.

L40 ANSWER 139 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
93199567 EMBASE Document No.: 1993199567. State of the art: Epilepsy Europe. Glasgow, September 1992. Jackson H.C.. Pharmaceutical Research Division, Novo Nordisk A/S, Novo Nordisk Park,Malov, Denmark. Journal of Psychopharmacology 7/2 (221-225) 1993.
ISSN: 0269-8811. CODEN: JOPSEQ. Pub. Country: United Kingdom. Language: English.

L40 ANSWER 140 OF 140 BIOSIS COPYRIGHT 2001 BIOSIS
1994:87860 Document No.: PREV199497100860. Gabapentin **therapy** and quality of life: Side effects in placebo-controlled studies. Leiderman, Deborah; Koto, Edwina; Lamoreaux, Linda. Parke-Davis Res. Div., Warner Lambert, Ann Arbor, MI USA. Epilepsia, (1993) Vol. 34, No. SUPPL. 6, pp. 45. Meeting Info.: Annual Meeting of the American Epilepsy Society Miami, Florida, USA December 5-8, 1993 ISSN: 0013-9580. Language: English.

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L41  ANSWER 1 OF 1  REGISTRY  COPYRIGHT 2001 ACS
RN   60142-96-3  REGISTRY
CN   Cyclohexaneacetic acid, 1-(aminomethyl)- (9CI)  (CA INDEX NAME)
OTHER NAMES:
CN   1-(Aminomethyl)cyclohexaneacetic acid
CN   CI 945
CN   Gabapentin
CN   Go 3450
CN   GOE 2450
CN   Neurontin
FS   3D CONCORD
MF   C9 H17 N O2
CI   COM
LC   STN Files:   ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*,
       BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAPLUS, CASREACT, CBNB,
       CHEMCATS, CHEMLIST, CIN, CSCHEM, DDFU, DIOGENES, DRUGNL, DRUGPAT,
DRUGU,
       DRUGUPDATES, EMBASE, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*,
       MSDS-OHS, PHAR, PHARMASEARCH, PROMT, RTECS*, SYNTHLINE, TOXLINE,
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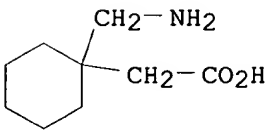

457 REFERENCES IN FILE CA (1967 TO DATE)
18 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
461 REFERENCES IN FILE CAPLUS (1967 TO DATE)

REFERENCE 1: 135:190293 Gabapentin and the prophylaxis of bipolar disorders in patients intolerant to lithium. Mauri, Massimo C.; Laini, Valerio; Scalvini, Marta E.; Omboni, Anna; Ferrari, Veronica M. S.; Clemente, Alessandra; Salvi, Virginio; Cerveri, Giancarlo (Department of Internal Medicine, Clinical Psychiatry, Clinical Neuropsychopharmacology Unit, IRCCS Ospedale Maggiore, University of Milan, Milan, Italy). Clin. Drug Invest., 21(3), 169-174 (English) 2001. CODEN: CDINFR. ISSN: 1173-2563. Publisher: Adis International Ltd..

REFERENCE 2: 135:190238 Treatment of dementia-associated agitation with gabapentin. Roane, David M.; Feinberg, Todd E.; Meckler, Laurie; Miner, Christian R.; Scicutella, Angela; Rosenthal, Richard N. (Department of Psychiatry and the Neurobehavior and Alzheimer's Disease Center, Beth Israel Medical Center, New York, NY, 10003, USA). J. Neuropsychiatry Clin. Neurosci., 12(1), 40-43 (English) 2000. CODEN: JNCNE7. ISSN: 0895-0172. Publisher: American Psychiatric Press.

REFERENCE 3: 135:190205 The effects of GABAB agonists and gabapentin on mechanical hyperalgesia in models of neuropathic and inflammatory pain in the rat. Patel, S.; Naeem, S.; Kesingland, A.; Froestl, W.; Capogna, M.; Urban, L.; Fox, A. (Novartis Institute for Medical Sciences, London, WC1E 6BN, UK). Pain, 90(3), 217-226 (English) 2001. CODEN: PAINDB. ISSN: 0304-3959. Publisher: Elsevier Science B.V..

REFERENCE 4: 135:162416 The effect of gabapentin and carbamazepine on a rat model of trigeminal neuropathic pain following chronic constriction injury. Nomura, Hirofumi; Hayashi, Toshiaki; Wu, Jun; Imai, Takao; Watanabe, Kazuhiro; Takizawa, Toshiaki; Sakurada, Masahiko; Sakamoto, Maya; Tuboi, Toshiyuki; Misaki, Toru; Sumino, Ryuji (Department of Dental Anesthesiology, Nihon University, Chiyoda-ku, Tokyo, 101-8310, Japan). Nippon Shika Masui Gakkai Zasshi, 29(1), 14-23 (Japanese) 2001. CODEN: NSMZDZ. ISSN: 0386-5835. Publisher: Nippon Shika Masui Gakkai.

REFERENCE 5: 135:147281 Gabapentin in the treatment of cocaine dependence: a
case series. Myrick, Hugh; Henderson, Scott; Brady, Kathleen T.; Malcolm,
Robert (Charleston, SC, 29425, USA). J. Clin. Psychiatry, 62(1), 19-23

(English) 2001. CODEN: JCLPDE. ISSN: 0160-6689. Publisher: Physicians Postgraduate Press, Inc..

REFERENCE 6: 135:146524 Benzodiazepines and anticonvulsants for social phobia (social anxiety disorder). Jefferson, James W. (University of Wisconsin Medical School, Madison, WI, 53717, USA). J. Clin. Psychiatry, 62(Suppl. 1), 50-53 (English) 2001. CODEN: JCLPDE. ISSN: 0160-6689. Publisher: Physicians Postgraduate Press, Inc..

REFERENCE 7: 135:132310 Differential effect of gabapentin on neuronal and muscle calcium currents. Alden, Kris J.; Garcia, Jesus (Department of Physiology & Biophysics, University of Illinois at Chicago College of Medicine, Chicago, IL, USA). J. Pharmacol. Exp. Ther., 297(2), 727-735 (English) 2001. CODEN: JPETAB. ISSN: 0022-3565. Publisher: American Society for Pharmacology and Experimental Therapeutics.

REFERENCE 8: 135:131505 Choice and use of newer anticonvulsant drugs in older patients. Willmore, L. James (Department of Neurology, Saint Louis University School of Medicine, St. Louis, MO, USA). Drugs Aging, 17(6), 441-452 (English) 2000. CODEN: DRAGE6. ISSN: 1170-229X. Publisher: Adis
International Ltd..

REFERENCE 9: 135:116486 Theoretically-derived molecular descriptors important in human intestinal absorption. Agatonovic-Kustrin, S.; Beresford, R.; Yusof, A. P. M. (School of Pharmaceutical Sciences, Universiti Sains Malaysia, Penang, 11800, Malay.). J. Pharm. Biomed. Anal., 25(2), 227-237 (English) 2001. CODEN: JPBADA. ISSN: 0731-7085. Publisher: Elsevier Science B.V..

REFERENCE 10: 135:116402 Gabapentin and pain: from the laboratory to the clinic. Ruiz, G.; Banos, J. E. (Departamento de Farmacologia y Terapeutica, Facultad de Medicina, Universitat Autonoma de Barcelona, Barcelona, 08193, Spain). Dolor, 16(1), 17-26 (Spanish) 2001. CODEN: DOLOFV. ISSN: 0214-0659. Publisher: Publicaciones Permanyer.

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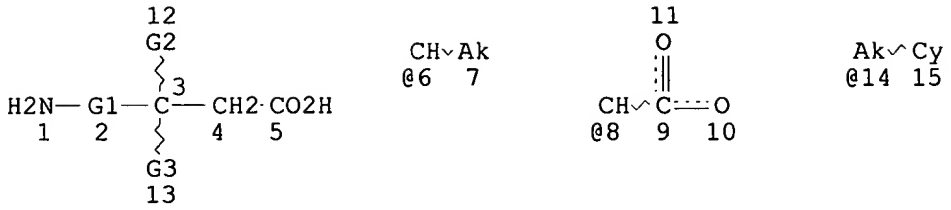

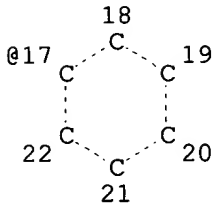

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L49        2958 FILE MEDLINE
L50        2199 FILE CAPLUS
L51        3240 FILE BIOSIS
L52        6006 FILE EMBASE

TOTAL FOR ALL FILES
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L20        17886 FILE EMBASE
L21         1662 FILE WPIDS
L22         3961 FILE JICST-EPLUS
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L25            7 FILE CAPLUS
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     FILE 'MEDLINE, CAPLUS, BIOSIS, EMBASE' ENTERED AT 15:21:38 ON 24 SEP 2001
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L32          127 FILE EMBASE
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L37            8 FILE BIOSIS
L38          125 FILE EMBASE
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L40          140 DUP REM L39 (6 DUPLICATES REMOVED)
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L45           45 S L44
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L47            2 S L46
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L54            7 FILE MEDLINE
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L62           66 FILE EMBASE

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L70  ANSWER 1 OF 68  EMBASE  COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001277772  EMBASE  Olanzapine for the treatment of fibromyalgia
     symptoms. Kiser R.S.; Cohen H.M.; Freedenfeld R.N.; Jewell C.; Fuchs
P.N..
     Dr. R.S. Kiser, Texas Pain Medical Clinic, 5327 N. Central Expressay,
     Dallas, TX 75205, United States. Journal of Pain and Symptom Management
     22/2 (704-708)  2001.
     Refs: 27.
     ISSN: 0885-3924. CODEN: JPSMEU.
     Publisher Ident.: S 0885-3924(01)00302-5. Pub. Country: United States.
     Language: English. Summary Language: English.
AB   Fibromyalgia is a chronic condition that is diagnosed primarily by the
     presence of generalized pain along with tenderness on palpation of
certain
     body regions. Unfortunately, the pharmacological treatment of
     fibromyalgia remains problematic. Two patients are described who
highlight
     the use of the atypical neuroleptic olanzapine for the control of
symptoms
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related to fibromyalgia. Prior to the use of olanzapine, both patients had received a multitude of **treatments**, none of which greatly improved their ability to function in daily activities. With olanzapine, both patients reported a significant decrease in pain and marked improvement in daily functioning. In one case, the pain returned during a period of time when olanzapine was discontinued, an effect that was reversed when olanzapine was reintroduced. The paucity of serious side effects (i.e., extrapyramidal signs) with the atypical neuroleptic olanzapine strongly favors further exploration and use of this drug for the **treatment** of fibromyalgia symptoms. Copyright .COPYRGT. 2001 .

L70 ANSWER 2 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001240677 EMBASE What's new in nicotine and tobacco research?. Hebert R.. Nicotine and Tobacco Research 3/2 (97-99) 2001.
ISSN: 1462-2203. CODEN: NTREF6. Pub. Country: United Kingdom. Language: English.

L70 ANSWER 3 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001103624 EMBASE Spasticity management: An overview. Goldstein E.M.. Dr. E.M. Goldstein, Child Neurology Associates, 5505 Peachtree-Dunwoody Rd., Atlanta, GA 30342, United States. edgoldmd@aol.com. Journal of Child Neurology 16/1 (16-23) 2001.
Refs: 53.
ISSN: 0883-0738. CODEN: JOCNEE. Pub. Country: Canada. Language: English. Summary Language: English.
AB Recent developments in **therapeutic** interventions for children with spasticity have complicated managerial decision making. A simplified paradigm for the pathophysiology of spasticity is presented, which emphasizes the ways in which **treatment** modalities disrupt hyperexcitable segmental spinal reflex arcs. Various techniques for the management of spasticity are reviewed, along with factors relevant to proper patient selection for **therapeutic** intervention. Potential goals for spasticity management are considered as are outcome measures for assessing the efficacy of these technologies.

L70 ANSWER 4 OF 68 CAPLUS COPYRIGHT 2001 ACS
2000:627977 Document No. 133:217711 Neuropharmacological **treatment** of **sleep**-related breathing **disorders**. Radulovacki, Miodrag; Carley, David W. (The Board of Trustees of the University of Illinois, USA). PCT Int. Appl. WO 2000051590 A2 20000908, 27 pp.
DESIGNATED STATES: W: CA, JP, US; RW: AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE. (English). CODEN: PIXXD2.
APPLICATION: WO 2000-US5834 20000303. PRIORITY: US 1999-PV122846 19990304.
AB Pharmacol. methods are provided for the prevention or amelioration of **sleep**-related breathing **disorders** via administration of agents or combinations of agents that possess glutamate-related and/or glycine-related pharmacol. activity or that modulate the release of either glutamate or glycine (or both) from nerve terminals with the central nervous system.

L70 ANSWER 5 OF 68 CAPLUS COPYRIGHT 2001 ACS
2000:314578 Document No. 132:318050 Choline esterase inhibitors, alone or with other agents, for **treating** restless legs syndrome and/or periodic limb movements during sleep, and diagnostic method. Hedner, Jan; Kraiczi, Holger (Swed.). PCT Int. Appl. WO 2000025821 A1 20000511, 26 pp.
DESIGNATED STATES: RW: AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE. (English). CODEN: PIXXD2. APPLICATION: WO 1999-SE1979 19991103. PRIORITY: SE 1998-3760 19981104.
AB A method for **treating** or preventing the restless legs syndrome and/or the periodic limb movements during sleep comprises administration of a choline esterase inhibitor (CEI) and, optionally, carbamazepine, clonidine, baclofen, hypnotic agent, opioid agonist, and dopaminergic agonist. Administration precedes the onset of sleep at night by from zero to three hours so as to make the CEI exert a **therapeutic** effect during a major portion of the sleep period. Also disclosed are corresponding pharmaceutical compns. and their use, including compns. comprising a combination of CEI with carbamazepine, clonidine, baclofen, hypnotic agent, opioid agonist, and dopaminergic agonist.

L70 ANSWER 6 OF 68 MEDLINE
2000257830 Document Number: 20257830. PubMed ID: 10796750.
Pharmacological interventions for spasticity following spinal cord injury.
Taricco M; Adone R; Pagliacci C; Telaro E. (U.O. di Riabilitazione, Ospedale di Passirana di Rho, Via Settembrini 1, Passirana di Rho, Italy, 20017.. Telaro@irfmn.mnegri.it) . Cochrane Database Syst Rev, (2000) (2) CD001131. Ref: 9. Journal code: DJ9; 100909747. ISSN: 1469-493X. Pub. country: ENGLAND: United Kingdom. Language: English.
AB BACKGROUND: Spasticity is a major health problem for patients with a spinal cord injury (SCI) that limits patients' mobility and affects independence in activities of daily living and work. Spasticity may also cause pain, loss of range of motion, contractures, **sleep disorders** and impair ambulation in patients with an incomplete lesion. The effectiveness of available drugs is still uncertain and they may cause adverse effects. Assessing what works in this area is complicated by the lack of valid and reliable measurement tools. The aim of this systematic review is to critically appraise and summarise existing information of the effectiveness of available **treatments** and to identify areas where further research is needed. OBJECTIVES: To assess the effectiveness and safety of Baclofen, Dantrolene, Tizanidine and any other drugs for the **treatment** of long term spasticity in SCI patients as well as the effectiveness and safety of different routes of administration of Baclofen. SEARCH STRATEGY: We searched the Injuries Group specialised register, the Cochrane Controlled Trials Register, MEDLINE, EMBASE and CINHALH up to 1998. Drug companies and experts active in the area were also contacted. SELECTION CRITERIA: All parallel and crossover RCTs including spinal cord injury patients complaining of

"severe spasticity". Studies where less than 50% of patients had a spinal cord injury were excluded. DATA COLLECTION AND ANALYSIS: Methodological quality of studies (allocation concealment, blinding, patients characteristics, inclusion and exclusion criteria; interventions; outcomes; lost to follow up) was independently assessed by two investigators. The heterogeneity among studies did not allow quantitative combination of results. MAIN RESULTS: Nine out of 53 studies met the inclusion criteria. Study design was: 8 cross over, 1 parallel-group trial. Two studies (14 SCI patients), showed a significant effect of intrathecal baclofen in reducing spasticity (Ashworth Score and ADL performances), compared to placebo, without any side effect. The study comparing tizanidine to placebo (118 SCI patients) showed a significant effect of tizanidine in improving Ashworth Score but not in ADL performances. Tizanidine group reported significant rates of adverse effects (drowsiness, xerostomia). For the other drugs (Gabapentine, Clonidine, Diazepam, Amytal and oral Baclofen) the results do not provide evidence for a clinical significant effectiveness. REVIEWER'S CONCLUSIONS: There is insufficient evidence to assist clinicians in a rational approach to antispastic **treatment** for SCI. Further research is urgently needed to improve the scientific basis of patient care.

L70 ANSWER 7 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000182892 EMBASE [Drug **therapy** for urinary incontinence].
TRAITEMENT MEDICAMENTEUX DE L'INCONTINENCE URINAIRE. Durand A.; Serment G.; Bladou F.. A. Durand, Lab. de Toxicol./Pharmacie Clinique, Faculte de Pharmacie, 27, boulevard Jean Moulin, F 13385 Marseille Cedex 5, France.
Presse Medicale 29/16 (917-922) 6 May 2000.
Refs: 42.
ISSN: 0755-4982. CODEN: PRMEEM. Pub. Country: France. Language: French.
Summary Language: English; French.
AB - **Therapeutic** components: Mictional disorders are a common complaint. Medical **treatment** of urinary incontinence is often given in complement to surgical **treatment** and physical **therapy**. - Mechanisms: The lower urinary tract is controlled by the sympathetic and the parasympathetic system. Smooth muscle fiber relaxation or contraction can be achieved by stimulation of the receptors. - Drug classes: Certain drugs have marketing approval for this indication and others have a potential effect on the lower urinary tract. Synergetic or antagonist effects may appear in case of combined prescription. Certain drugs, particularly anticholinergic agents have demonstrated their effect on the bladder muscle. Inversely, improvement of sphincter insufficiency appears to be limited. Currently, few drugs have received marketing approval for the **treatment** of urinary incontinence.

L70 ANSWER 8 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2001078548 EMBASE [Interferons in neurology]. INTERFERONES EN NEUROLOGIA.
Rebolledo F.A.. Dr. F.A. Rebolledo, Unidad de Invest. en Epidemiol., Clinica y Neurologia, HPCMN SXXI IMSS, Cuauhtemoc 330, Col. Doctores, Mexico, D.F., Mexico. fran.aguilar-neurol@lycos.com. Revista de Investigacion Clinica 52/6 (665-679) 2000.

Refs: 79.
ISSN: 0034-8376. CODEN: RICLAG. Pub. Country: Mexico. Language: Spanish. Summary Language: English; Spanish.
AB Interferon (INF) plays an important role in the immune response against viral infections. INF is part of the big cytokines family. It has also shown modulating activity on numerous components of the immune system; it inhibits cellular division, thus counteracting proliferation of cancerogenic cells. It has also the ability to reduce complications in multiple sclerosis by immunologic mechanism involving Th(2) responses. Recently. the utility of INF in neurological cases has been explored. Good results have been observed using recombinant INF .beta.-1a and glucosylated INF .beta.-1 in patients with active multiple sclerosis relapsing-remitting type (MS RR). in whom decreases the incidence and complications and possibly halts the progression of the disease. This manuscript will reviews the biologic activity of INF, the use, side effects and indications for using, different INF's in neurological diseases specially in multiple sclerosis, particularly INF .beta. which are broadly accepted for clinical use in this pathology. We mention the Expanded Disability Status Scale (EDSS) to evaluate clinical involvement and recuperation after management.

L70 ANSWER 9 OF 68 MEDLINE DUPLICATE 1
2001054130 Document Number: 20401850. PubMed ID: 10947026. Transverse myelitis associated with restless legs syndrome and periodic movements of sleep responsive to an oral dopaminergic agent but not to intrathecal baclofen. Brown L K; Heffner J E; Obbens E A. (The University of Arizona College of Medicine, Tucson, AZ, USA.. lkbrown@alum.mit.edu) . SLEEP, (2000 Aug 1) 23 (5) 591-4. Journal code: SWS. ISSN: 0161-8105. Pub. country: United States. Language: English.
AB Periodic limb movement disorder (PLMD) and restless legs syndrome (RLS) are related **sleep disorders** that occur with increased frequency in spinal cord disease. Effective **treatment** may be obtained with dopaminergic or opioid drugs, while anticonvulsants, benzodiazepines, and possibly baclofen may be helpful. This report describes a patient who developed RLS and PLMD after acute transverse myelitis associated with infectious mononucleosis, and failed to respond to intrathecal baclofen. All symptoms of RLS/PLMD resolved after **treatment** with pergolide.

L70 ANSWER 10 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000366667 EMBASE Management of urinary incontinence. Edwards C.. Pharmacy in Practice 10/7 (264-266) 2000.
ISSN: 1358-1538. CODEN: PHPRF7. Pub. Country: United Kingdom. Language: English. Summary Language: English.
AB Incontinence is a common health problem, particularly in the elderly. Drug **treatment** is effective for urge incontinence and non-drug **therapies** are effective for both stress and urge incontinence. There is no evidence that newer antimuscarinic agents, such as tolterodine and propiverine, are more efficacious than older drugs. They may be better tolerated, but at a cost. Oxybutynin appears to be the most commonly used

agent. Doses of all these drugs should be individually titrated to obtain the best ratio of benefit versus adverse effects. There is little evidence to support the use of other agents for urge or stress incontinence and these are best initiated by secondary care specialists on a trial basis.

L70 ANSWER 11 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000155434 EMBASE [Symptomatic and drug **therapy** of amyotrophic lateral sclerosis]. SYMPTOMATISCHE UND MEDIKAMENTOSE **THERAPIE** DER ALS. Schols L.; Langkafel M.. Dr. L. Schols, Neurolog. Klin. der Ruhr-Universitat, St. Josef Hospital, Gudrunstrasse 56, 44791 Bochum, Germany. Psycho 26/3 (148-152) 2000.
Refs: 15.
ISSN: 0340-7845. CODEN: PSYODG. Pub. Country: Germany. Language: German. Summary Language: English; German.
AB Amyotrophic lateral sclerosis (ALS) is a fatal disease, however, **therapeutic** nihilism is not adequate. Riluzole is a first drug with a life prolonging effect in ALS patients, and other substances are effective in animal models of ALS. A relationship of personal trust between patient, doctor and relatives in combination with simple supportive psychotherapy and physical as well as pharmacological **treatment** can help to improve life quality and prevent decompensation of the families. Especially, cramps, spasticity, hypersalivation, swallowing problems, dysarthria, dyspnoea and sleep disturbances are ameliorated by palliative **treatment**. However, accompanying the terminal phase is another important responsibility of physicians.

L70 ANSWER 12 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
2000221681 EMBASE The management of spasticity. Drug and Therapeutics Bulletin 38/6 (44-46) 2000.
Refs: 25.
ISSN: 0012-6543. CODEN: DRTBAE. Pub. Country: United Kingdom. Language: English.

L70 ANSWER 13 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999394522 EMBASE Multiple sclerosis: Side effects of interferon beta **therapy** and their management. Walther E.U.; Hohlfeld R.. Dr. R. Hohlfeld, Inst. for Clinical Neuroimmunology, Klinikum Grosshadern, University of Munich, Marchioninistr. 15, D-81366 Munich, Germany. rhohlfel@nro.med.uni-muenchen.de. Neurology 53/8 (1622-1627) 10 Nov 1999.
Refs: 69.
ISSN: 0028-3878. CODEN: NEURAI. Pub. Country: United States. Language: English. Summary Language: English.
AB Interferon beta (IFN.beta.) reduces the relapse rate, disease activity as measured by serial MRI scanning, and disease progression of MS. **Therapy** with IFN.beta. may be associated with a number of adverse reactions. Relatively frequent side effects include flu-like symptoms, transient laboratory abnormalities, menstrual disorders, and increased spasticity. Dermal injection site reactions occur after subcutaneous application of IFN.beta.-1b and IFN.beta.-1a. Possible side effects of IFN.beta. include various autoimmune reactions, capillary leak syndrome, anaphylactic shock, thrombotic thrombocytopenic purpura, **insomnia**, headache, alopecia, and depression. We discuss the mechanisms and

management of the different side effects of IFN.beta..

L70 ANSWER 14 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999268713 EMBASE [Arousal and motor activity during sleep]. AROUSAL Y ACTIVIDAD MOTORA EN SUENO. Garcia-Jimenez M.A.. Dr. M.A. Garcia-Jimenez, Servicio de Neurofisiologia Clinica, Hospital Virgen de la Luz, Ctra. de Madrid, s/n, E-16002 Cuenca, Spain. Revista de Neurologia 28/6 (559-565) 31 Mar 1999.
Refs: 96.
ISSN: 0210-0010. CODEN: RVNRAA. Pub. Country: Spain. Language: Spanish. Summary Language: English; Spanish; Portuguese.
AB Objective. To describe different types of motor activity which occur during sleep in relation to episodes of arousal and **sleep disorder**. Development. During **sleep**, normal motor activity should be distinguished from paroxystic episodes: parasomnias; abnormal movements such as nocturnal paroxystic dystonia, which is very similar to epilepsy of frontal origin; nocturnal epileptic crises and especially periodic movements of the limbs and the restless legs syndrome, which is related to it. Physiological cyclical fluctuations of sleep are common to all these conditions and due to cortico- subcortical changes in excitability. Conclusion. We review diagnostic, clinical and neurophysiological criteria and aspects of physiopathology and **treatment**.

L70 ANSWER 15 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999193305 EMBASE Urinary and gastrointestinal systems medications. Schryvers O.; Nance P.W.. O. Schryvers, Section of Rehabilitation Medicine, Health Sciences Centre, RR265-800 Sherbrook Street, Winnipeg, Man. R3A 1M4, Canada. Physical Medicine and Rehabilitation Clinics of North America 10/2 (473-492) 1999.
Refs: 147.
ISSN: 1047-9651. CODEN: PMRAFZ. Pub. Country: United States. Language: English. Summary Language: English.
AB This article reviews the medical management of the neurogenic bladder and bowel. The drugs discussed specifically affect detrusor instability, detrusor weakness, high urethral pressure, low urethral closure pressure, inflammatory cystitis, and chronic constipation.

L70 ANSWER 16 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999093320 EMBASE Managing late complications of Parkinson's disease. Stacy M.. Dr. M. Stacy, Barrow Neurological Institute, 500 W Thomas Road, Phoenix, AZ 85213, United States. Medical Clinics of North America 83/2 (469-481) 1999.
Refs: 80.
ISSN: 0025-7125. CODEN: MCNAA. Pub. Country: United States. Language: English. Summary Language: English.
AB **Treatment** of parkinsonism becomes more difficult as the disease progresses, and results from increasing neuronal degeneration, side effects from antiparkinsonian medications, or most often, a combination of each. Neurodegenerative parkinson symptoms may result from substantia nigra destruction, or from other areas in the nervous system. These include the cortex (cognitive and psychiatric disorders), brainstem

(bulbar abnormalities), intermediolateral cell column (autonomic disturbances), among others. Medication side effects produce motor fluctuations, dyskinesias, delirium, hallucinations, psychosis, orthostatic hypotension, **sleep disorders**, and a host of other well-recognized complications. This article is divided into sections concerning motor fluctuations, gait difficulty bulbar disturbances, autonomic disturbances, **sleep disorders**, cognitive **disorders**, and psychiatric disorders, and is an attempt to provide the reader with strategies for **treating** common complications in the advanced Parkinson's disease patient.

L70 ANSWER 17 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999280180 EMBASE Nocturnal subcutaneous apomorphine infusion in Parkinson's disease and restless legs syndrome. Reuter I.; Ellis C.M.; Ray Chaudhuri K.. K. Ray Chaudhuri, Neurology Department, Neurosciences Centre, King's College Hospital, Denmark Hill, London SE5 9RS, United Kingdom. Acta Neurologica Scandinavica 100/3 (163-167) 1999.
Refs: 19.
ISSN: 0001-6314. CODEN: ANRSAS. Pub. Country: Denmark. Language: English. Summary Language: English.
AB Objectives - Nocturnal disabilities leading to fragmented sleep arising from parkinsonian off period related complications are common, underreported and are difficult to **treat**. In this study, we evaluate the use of nocturnal continuous subcutaneous overnight apomorphine infusion in Parkinson's disease and restless legs syndrome. Methods - Six parkinsonian patients and 2 patients with restless legs syndrome with nocturnal disabilities refractory to conventional oral **therapy** were assessed using a sleep diary while on standard **treatment** and during nocturnal apomorphine infusion. Three patients agreed to assessment during placebo infusion with normal saline. Results - Apomorphine led to a dramatic reduction of nocturnal awakenings, nocturnal off periods, pain, dystonia and nocturia and parkinsonian patients. In patients with restless legs syndrome, apomorphine reduced nocturnal discomfort, reduced leg movement and improved pain and spasm scores significantly. Placebo infusion reproduced pain, nocturnal spasms and sleep disruption. Conclusion - This study suggest that overnight apomorphine infusion may be effective in overcoming refractory nocturnal disabilities in selected patients with Parkinson's disease and restless legs syndrome.

L70 ANSWER 18 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1999229219 EMBASE Recent advances in the pharmacological **treatment** of tinnitus. Simpson J.J.; Davies W.E.. Trends in Pharmacological Sciences
20/1 (12-18) 1999.
Refs: 62.
ISSN: 0165-6147. CODEN: TPHSDY.
Publisher Ident.: S 0165-6147(98)01281-4. Pub. Country: United Kingdom.
Language: English. Summary Language: English.
AB Tinnitus is an extremely prevalent condition that impinges on the lives of sufferers to varying degrees. In some people, it is a fairly minor irritation but, for many, the tinnitus intrudes to such a degree that it affects their ability to lead a normal life, and in some very extreme

cases has resulted in suicide. **Insomnia**, inability to concentrate and depression are commonly reported to accompany the condition. Relief can be reliably obtained using intravenous lignocaine, which indicates that pharmacology can provide a route for effective alleviation of the condition. In this article, Julie Simpson and Ewart Davies review the potential pharmacological **therapies**, and emphasize that clinical research has been hampered by the absence of a reliable objective assessment of the tinnitus and by the variable nature of the complaint.

L70 ANSWER 19 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998324445 EMBASE Tizanidine: A **therapeutic** weapon for spasticity?. Lawson K.. Dr. K. Lawson, Division of Biomedical Sciences, Sheffield Hallam University, City Campus, Sheffield S1 1WB, United Kingdom. Physiotherapy 84/9 (418-420) 1998.
Refs: 23.
ISSN: 0031-9406. CODEN: PHSIAO. Pub. Country: United Kingdom. Language: English.

L70 ANSWER 20 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998119635 EMBASE Parasomnias including the restless legs syndrome. Mahowald M.W.; Schenck C.H.. Dr. M.W. Mahowald, Minnesota Reg. Sleep Disorders Ctr., Hennepin County Medical Center, 701 Park Avenue, Minneapolis, MN 55415, United States. Clinics in Chest Medicine 19/1 (183-202) 1998.
Refs: 231.
ISSN: 0272-5231. CODEN: CCHMDA. Pub. Country: United States. Language: English. Summary Language: English.
AB The three states of mammalian being, W, REM sleep, and NREM sleep, are not mutually exclusive, and may occur simultaneously, oscillate rapidly, or appear in dissociated or incomplete form to produce primary sleep parasomnias. In addition, dysfunctions of a wide variety of organ systems may take advantage of the sleeping state to declare themselves, resulting in secondary sleep parasomnias. Contrary to popular opinion, the majority of the often bizarre and frightening experiences are not the manifestation of underlying psychological or psychiatric conditions. There is an interesting interaction between sleep-disordered breathing and parasomnias. Formal study in an experienced **sleep disorders** center will usually reveal a diagnosable and **treatable** condition that explains the spells. Continued study of unusual sleep-related events undoubtedly will reveal more fascinating conditions, expanding our knowledge of sleep physiology, and strengthening the bonds between clinicians and basic-science sleep researchers.

L70 ANSWER 21 OF 68 MEDLINE DUPLICATE 2
1998408317 Document Number: 98408317. PubMed ID: 9737104. Baclofen, a **treatment** for chronic hiccup. Walker P; Watanabe S; Bruera E. (Palliative Care Program, Grey Nuns Community Hospital and Health Center, Edmonton, Alberta, Canada.) JOURNAL OF PAIN AND SYMPTOM MANAGEMENT, (1998 Aug) 16 (2) 125-32. Journal code: IJJ; 8605836. ISSN: 0885-3924. Pub. country: United States. Language: English.
AB The efficacy of baclofen in the **treatment** of chronic hiccup is

demonstrated in two cases. These cases highlight the present state of knowledge related to hiccup. This discussion focuses on the definition and classification of hiccup, etiologies, postulated theories to explain its function, the few studies performed to date, and non-pharmacologic and pharmacologic **treatment**. Baclofen appears to be the agent most efficacious in the **treatment** of chronic hiccup. Its commonest side effect is sedation; **insomnia**, dizziness, weakness, ataxia, and confusion also can occur. Following regular use, abrupt discontinuation can lead to withdrawal symptoms, such as seizure, and gradual discontinuation is recommended.

L70 ANSWER 22 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998105499 EMBASE How to diagnose and manage neck pain. Atchison J.W.; Lafayette-Lucey A.. Dr. J.W. Atchison, Department of Orthopedic Surgery, Univ. of Florida College of Medicine, Gainesville, FL, United States. IM - Internal Medicine 19/2 (10-22) 1998.
ISSN: 1056-9286. CODEN: IMEIEI. Pub. Country: United States. Language: English. Summary Language: English.
AB Referrals are sometimes necessary, even mandatory. But most patients with neck pain can be properly evaluated in your office and successfully **treated**.

L70 ANSWER 23 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
97333455 EMBASE Document No.: 1997333455. [Pharmacological **treatment** of **insomnia** in children with neurological disorders]. TRATAMIENTO FARMACOLOGICO DEL INSOMNIO EN NINOS CON ALTERACIONES NEUROLOGICAS. Estivill E.; De la Fuente V.; Barraquer A.. Dr. E. Estivill, Unitat d'Alteracions del Son, Institut Universitari Dexeus, Pg. de la Bonanova, 61, Bajos, E-08017 Barcelona, Spain. estivill@ctv.es. Revista de Neurologia 25/146 (1617-1620) 1997.
Refs: 7.
ISSN: 0210-0010. CODEN: RVNRAA. Pub. Country: Spain. Language: Spanish. Summary Language: English; Spanish.
AB Introduction. **Insomnia** is usual, and a serious problem in children with neurological disorders. Few studies have been made of this and above all there are no guide lines or suggestions as to how to **treat** these problems. The difficulty is made worse by the different characteristics of the **insomnia** and of the affected children themselves. Poor sleeping is associated with other pathology of the patient (mental retardation, convulsions, etc.). Development. We have revised the different modes of **treatment**, particularly pharmacological, which are available today. Guidelines as to how to handle this symptom are suggested. We also include a list of some drug reactions which may cause symptoms related to sleep (**insomnia**, excessive sleepiness or nightmares.

L70 ANSWER 24 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
97384392 EMBASE Document No.: 1997384392. Management of impairment, disability, and handicap due to multiple sclerosis. Stolp-Smith K.A.; Carter J.L.; Rohe D.E.; Knowland III D.P.. Dr. K.A. Stolp-Smith, Physical

Med./Rehabilitation Dept., Mayo Clinic Rochester, Rochester, MN, United States. Mayo Clinic Proceedings 72/12 (1184-1196) 1997.
Refs: 65.
ISSN: 0025-6196. CODEN: MACPAJ. Pub. Country: United States. Language: English. Summary Language: English.

AB In this article, we update management measures for patients with multiple sclerosis (MS) that can improve or prevent impairment, disability, and handicap and include those factors that a primary-care physician can implement or facilitate. The medical literature since 1989 was reviewed. Although new drug trials hold promise to decrease impairment from MS, well- coordinated interdisciplinary care to minimize disability and handicap most profoundly affect the quality of life for patients with MS, MS is usually not severely disabling, and appropriately timed intervention can prevent secondary impairment and reduce disability and handicap. Pharmacologic, physical, and psychosocial issues-ranging from spasticity, pain, weakness, and tremor to neurogenic bowel management and sexuality-are addressed. General wellness measures remain important. The influence of the Americans With Disabilities Act is discussed, and specific adaptive equipment and social resources are outlined. The ultimate goals of management of patients with MS are functional independence and efficient use of medical and community resources: a focus on 'ability' rather than 'disability.' Although impairment can limit function, wellness and adjustment have no boundaries.

L70 ANSWER 25 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998037031 EMBASE Dystonia - An update review. Tsang K.L.; Ho S.L.; Yu Y.L.. Y.L. Yu, Lane Crawford House, 70 Queen's Road Central, Hong Kong, Hong Kong. Hong Kong Practitioner 19/12 (647-655) 1997.
Refs: 40.
ISSN: 1027-3948. CODEN: HKPRF8. Pub. Country: Hong Kong. Language: English. Summary Language: English; Chinese.

AB Dystonia is defined as a syndrome of sustained muscle contractions that frequently cause twisting and repetitive movements or abnormal postures. Classification can be based on etiology and distribution of the dystonia. The pathogenesis of primary dystonia is unknown. Secondary causes (e.g. Wilson's disease) should be excluded if initial neurological examination shows atypical features, and appropriate investigations should be performed. **Treatment** is largely symptomatic. Medical **treatment** includes anti- cholinergics, baclofen and tetrabenazine, but is not always effective. Botulinum toxin injection is a safe and effective way of **treating** focal dystonias.

L70 ANSWER 26 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998015339 EMBASE The changing face of cerebral palsy: A review of the disorder and its **treatment**. Green C.; Proch C.; Gara S.E.. Dr. C. Green, Pediatric Neurology, Rainbow Babies/Childrens Hospital, 11100 Euclid Avenue, Cleveland, OH 44106, United States. Journal of Neurologic Rehabilitation 11/4 (245-253) 1997.
Refs: 44.
ISSN: 0888-4390. CODEN: JNRHFV. Pub. Country: United States. Language: English. Summary Language: English.

AB Cerebral palsy refers to a group a motor symptoms that result from a static injury of the brain before it is fully mature. Although the lesion

is static, the manifestation of the disorder and the needs of the individual change with age. The last decade has provided updated and new **treatments** for cerebral palsy, some of which have been available for other populations and have only recently been used for spasticity of cerebral origin. This article provides a review of the diagnosis, nature, and **treatment** of cerebral palsy. It includes a brief review of new and old **treatments** to update medical health professionals who care for affected individuals. The roles of physicians, medical educators, and **therapists** are discussed in the context of the changing face of cerebral palsy as the individual progresses through life.

L70 ANSWER 27 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
97352608 EMBASE Document No.: 1997352608. Tizanidine: Another tool in the management of spasticity. Kaplan M.S.. Dr. M.S. Kaplan, Department Rehabilitation Medicine, Boston University School of Medicine, Boston, MA, United States. Journal of Head Trauma Rehabilitation 12/5 (93-97) 1997.
Refs: 12.
ISSN: 0885-9701. CODEN: JHRHEM. Pub. Country: United States. Language: English.

L70 ANSWER 28 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
96097534 EMBASE Document No.: 1996097534. Baclofen in the **treatment** of cerebral palsy. Albright A.L.. Department of Neurosurgery, Children's Hospital of Pittsburgh, 3705 Fifth Avenue,Pittsburgh, PA 15213, United States. Journal of Child Neurology 11/2 (77-83) 1996.
ISSN: 0883-0738. CODEN: JOCNEE. Pub. Country: Canada. Language: English.
Summary Language: English.
AB Baclofen, a .gamma.-aminobutyric acid agonist, acts at the spinal cord level to impede the release of excitatory neurotransmitters that cause spasticity. Oral baclofen improves cerebral spasticity mildly, but its activity is limited because of its poor lipid solubility. Cerebrospinal fluid baclofen levels after intrathecal administration are many times higher than those achieved after oral administration. Continuous intrathecal baclofen infusion has been used to **treat** cerebral spasticity in two patient groups: in older ambulatory children with inadequate underlying leg strength, and in patients with severe spasticity in both the upper and lower extremities. Responsiveness to intrathecal baclofen is confirmed by test injections before insertion of a programmable subcutaneous pump. Continuous intrathecal baclofen infusion dosages vary from 27 to 800 .mu.g/day. Continuous intrathecal baclofen infusion reduces spasticity in the upper and lower extremities, and improves upper extremity function and activities of dally living but has no effect on athetosis in the dosages used to **treat** spasticity. Complications related to the intrathecal catheter occur in approximately 20% of patients, and infection requiring pump removal occurs in approximately 5%. Preliminary studies indicate that continuous intrathecal baclofen infusion alleviates some forms of generalized dystonia associated with cerebral palsy.

L70 ANSWER 29 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
95286245 EMBASE Document No.: 1995286245. Toward a better definition of the Restless Legs Syndrome. Aldrich M.S.; Allen R.; Ancoli-Isreal S.; Buchholz D.; Chokroverty S.; Coccagna G.; Earley C.; Ehrenberg B.; Feest T.G.; Hening W.; Kavey N.; Lavigne G.; Lipinski J.; Lugaresi E.; Montagna P.; Montplaisir J.; Mosko S.S.; Oertel W.; Walters A.S.; et al.. Department of Neurology, Univ Medicine Dentistry New Jersey, Robert Wood Johnson Medical School,New Brunswick, NJ 08903-0019, United States. Movement Disorders 10/5 (634-642) 1995.
ISSN: 0885-3185. CODEN: MOVDEA. Pub. Country: United States. Language: English. Summary Language: English.
AB A large International Restless Legs Syndrome (RLS) Study Group has been formed. As its first task, the group has taken upon itself the role of defining the clinical features of the RLS. As minimal criteria for diagnosis, the group proposes the following four features: (a) desire to move the extremities, often associated with paresthesias/dysesthesias; (b) motor restlessness; (c) worsening of symptoms at rest with at least temporary relief by activity, and (d) worsening of symptoms in the evening or night. Other features commonly seen in RLS include sleep disturbance, periodic limb movements in sleep and similar involuntary movements while awake, a normal neurological examination in the idiopathic form, a tendency for the symptoms to be worse in middle to older age, and, in some cases, a family history suggestive of an autosomal dominant mode of inheritance.

L70 ANSWER 30 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
95147922 EMBASE Document No.: 1995147922. [**Treatment** of the restless legs syndrome and periodic sleep movements]. TRATAMIENTO DEL SINDROME DE PIERNAS INQUIETAS Y MOVIMIENTOS PERIODICOS DEL SUENO. Diaz Guzman J.; Lopez Valdes E.; Benito J.; Vila N.. Servicio de Neurologia, Hospital Universitario 12 de Octubre,Madrid, Spain. Medicina Clinica 104/15 (597) 1995.
ISSN: 0025-7753. CODEN: MCLBA2. Pub. Country: Spain. Language: Spanish.

L70 ANSWER 31 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
95205267 EMBASE Document No.: 1995205267. Benign, persistent and intractable hiccups: A review. American Family Physician 52/1 (269+274) 1995.
ISSN: 0002-838X. CODEN: AFPYAE. Pub. Country: United States. Language: English.

L70 ANSWER 32 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
96007670 EMBASE Document No.: 1996007670. Interactions with drugs used in the **treatment** of depressive illness. D'Arcy P.F.; Griffin J.P.. The Queen's University of Belfast,Belfast, United Kingdom. Adverse Drug Reactions and Toxicological Reviews 14/4 (211-231) 1995.
ISSN: 0964-198X. CODEN: ADRRER. Pub. Country: United Kingdom. Language: English.

L70 ANSWER 33 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
95297641 EMBASE Document No.: 1995297641. Management of multiple sclerosis in
women. Rice G.P.A.; Ebers G.C.. University of Western Ontario,London, Ont., Canada. Female Patient - OB/GYN Edition 20/9 (31-34,36,38,41,44-45)
1995.
ISSN: 0888-2401. CODEN: FPOEEA. Pub. Country: United States. Language: English. Summary Language: English.
AB Multiple sclerosis is a disease of unknown origin, diverse effects, and uncertain prognosis. **Treatment** is primarily symptomatic and can be complicated by overly optimistic reports about improperly tested agents. Given these factors and the disease's erratic course, the primary care physician can provide ongoing medical referral and reliable information over the long term.

L70 ANSWER 34 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
94227862 EMBASE Document No.: 1994227862. [Non-conventional analgesics and coadjuvants in the **treatment** of chronic oncological pain]. ANALGESICOS NO CONVENCIONALES Y COADYUVANTES EN EL TRATAMIENTO DEL DOLOR CRONICO ONCOLOGICO. Caro Aragones I.; Pascual Arce B.; Ribera Montana R.. Servicio de Farmacia, Clinica Mental Santa Coloma,Santa Coloma de Gramanet, Barcelona, Spain. Farmacia Clinica 11/5 (400-413) 1994.
ISSN: 0212-6583. CODEN: FACLE2. Pub. Country: Spain. Language: Spanish. Summary Language: English; Spanish.
AB The **treatment** of oncological pain nowadays presents a complex set of problems, still not solved in many of their aspects, and which calls for a global **therapy** aimed at achieving an improvement in the patient's quality of life. In recent times, along with new analgesic techniques (intrathecal and epidural administration, external and implantable infusion pumps, PCA, etc.) various drugs have been gradually introduced which, when used either alone or in combination and by means of
mechanisms of action that are not always well understood, contribute both to relieving the pain and to improving the symptoms that usually accompany
it (depression, anxiety, **insomnia**, etc) and which take on special significance in the cancer patient. In this study we review the most commonly used non-conventional analgesics and coadjuvants, as well as
others that are being subjected to research and which, according to recent
publications, would be potentially useful in the **treatment** of pain that is either completely or partly resistant to conventional analgesics.

L70 ANSWER 35 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
94215757 EMBASE Document No.: 1994215757. [**Sleep disorders**. Classification, diagnosis and **therapy**]. SCHLAFSTORUNGEN. EINTEILUNG, DIAGNOSTIK, **THERAPIE**. Bornkessel B.. Schwachhauser Heerstrasse 247 b,28211 Bremen, Germany. Medizinische Monatsschrift fur Pharmazeuten 17/7 (211-216) 1994.
ISSN: 0342-9601. CODEN: MMPHDB. Pub. Country: Germany. Language: German. Summary Language: German.

L70 ANSWER 36 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
94292519 EMBASE Document No.: 1994292519. Cyproheptadine for the management of muscle spasticity in patients with spinal cord dysfunction. Namaka M.; Seifert B.. Dept. of Pharmaceutical Services, Health Sciences Centre, 820 Sherbrook Street,Winnipeg, Man. R3A 1R9, Canada. Canadian Journal of Hospital Pharmacy 47/4 (180-181) 1994.
ISSN: 0008-4123. CODEN: CJHPAV. Pub. Country: Canada. Language: English.

L70 ANSWER 37 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
94129656 EMBASE Document No.: 1994129656. [Diagnosis and **therapy** of respiratory **disorders** during **sleep**]. DIAGNOSTIK UND **THERAPIE** DER SCHLAFBEZOGENEN ATMUNGSSTORUNGEN. Schneider H.; Grote L.. Zeitreihenlabor Innere Medizin, Universitat Marburg,Marburg, Germany. Praxis Magazin Med. -/4 (26-28+31-32) 1994.
ISSN: 0941-1046. CODEN: PMMEEL. Pub. Country: Germany. Language: German. Summary Language: German.

L70 ANSWER 38 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
93225694 EMBASE Document No.: 1993225694. Amantadine and fatigue of multiple sclerosis. Kemp B.A.; Gora M.L.. Drug Information Center, University of Kentucky Medical Ctr., 800 Rose Street,Lexington, KY 40536, United States.
Annals of Pharmacotherapy 27/7-8 (893-895) 1993.
ISSN: 1060-0280. CODEN: APHRER. Pub. Country: United States. Language: English.

L70 ANSWER 39 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
93213653 EMBASE Document No.: 1993213653. Psychological symptoms and sleep disturbances in neuronal ceroid-lipofuscinoses (NCL). Santavuori P.; Linnankivi T.; Jaeken J.; Vanhanen S.-L.; Telakivi T.; Heiskala H.. Department of Child Neurology, University of Helsinki,Helsinki, Finland. Journal of Inherited Metabolic Disease 16/2 (245-248) 1993.
ISSN: 0141-8955. CODEN: JIMDDP. Pub. Country: United Kingdom. Language: English.

L70 ANSWER 40 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
94043682 EMBASE Document No.: 1994043682. Commentary on the mode of action of
benzodiazepines. Leonard B.E.. Pharmacology Department, University College,Galway, Ireland. Journal of Psychiatric Research 27/SUPPL. 1 (193-207) 1993.
ISSN: 0022-3956. CODEN: JPYRA3. Pub. Country: United Kingdom. Language: English. Summary Language: English.
AB Evidence is presented showing that the benzodiazepines produce their variety of pharmacological effects by activating GABA A receptors in the mammalian brain. Different classes of benzodiazepine receptor ligands have
been developed which can cause or alleviate anxiety according to the nature of their interaction with the GABA A receptor. There is now evidence that natural ligands also exist in the brain which can modulate GABA A receptor function. The changes in the responsiveness of the GABA A receptor to chronic benzodiazepine **treatment** is discussed with reference to the phenomenon of tolerance dependence and withdrawal.

L70 ANSWER 41 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

94009023 EMBASE Document No.: 1994009023. [The **treatment** of other symptoms than pain in palliative care and in the terminal phase]. LE TRAITEMENT DES SYMPTOMES AUTRES QUE LA DOULEUR EN SOINS PALLIATIFS ET A LA
PHASE TERMINALE. Laval G.; Desforges E.; Schaerer R.. Unite de Recherche et de Soutien, en Soins Palliatifs, CHRU, BP 217X,38043 Grenoble Cedex 9, France. Revue du Praticien - Medecine Generale 7/239 (40-47) 1993.
ISSN: 0989-2737. CODEN: RPMGE2. Pub. Country: France. Language: French.

L70 ANSWER 42 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
92176691 EMBASE Document No.: 1992176691. Pharmacotherapy of multiple sclerosis: Current status. Rudick R.A.; Goodkin D.E.; Ransohoff R.M.. Department of Neurology, Mellen Center, Cleveland Clinic Foundation, 9500 Euclid Avenue,Cleveland, OH 44195, United States. Cleveland Clinic Journal of Medicine 59/3 (267-277) 1992.
ISSN: 0891-1150. CODEN: CCJMEL. Pub. Country: United States. Language: English. Summary Language: English.

L70 ANSWER 43 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
92217057 EMBASE Document No.: 1992217057. A case of Baclofen-induced psychotic depression [3]. Sommer B.R.; Petrides G.. Journal of Clinical Psychiatry 53/6 (211-212) 1992.
ISSN: 0160-6689. CODEN: JCLPDE. Pub. Country: United States. Language: English.

L70 ANSWER 44 OF 68 MEDLINE DUPLICATE 3
92153392 Document Number: 92153392. PubMed ID: 1739446. Intrathecal baclofen. Effects on nocturnal leg muscle spasticity. Kravitz H M; Corcos D M; Hansen G; Penn R D; Cartwright R D; Gianino J. (Department of Psychiatry, Rush-Presbyterian-Saint Luke's Medical Center, College of Kinesiology, University of Illinois, Chicago 60680.) AMERICAN JOURNAL OF PHYSICAL MEDICINE AND REHABILITATION, (1992 Feb) 71 (1) 48-52. Journal code: AJO; 8803677. ISSN: 0894-9115. Pub. country: United States. Language: English.
AB Electromyographic activity was recorded from tibialis anterior during nocturnal polysomnography in six patients with severe spasticity of spinal origin. The patients had a baclofen reservoir system implanted subcutaneously into their lumbar subarachnoid space and were studied for two nights in a double-blind, placebo controlled, crossover design. Tibialis anterior electromyographic activity per hour of sleep was reduced on the night of baclofen infusion. In particular, less electromyographic activity occurred after arousal from sleep.

L70 ANSWER 45 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
92008729 EMBASE Document No.: 1992008729. Advances in neuropharmacological rehabilitation for brain dysfunction. Zasler N.D.. Brain Injury Rehabilitation Services, Department of Rehabilitation Medicine, Medical College of Virginia, P.O. Box 677, Richmond, VA 23298, United States. Brain Injury 6/1 (1-14) 1992.
ISSN: 0269-9052. CODEN: BRAIEO. Pub. Country: United Kingdom. Language: English. Summary Language: English.
AB The use of pharmacological agents as rehabilitative tools following brain

injury remains to some degree both a science and an art. Recent work in the area of the neural sciences has shed new light on the workings of basic CNS neurochemical systems and the use of pharmacologic agents in altering central neurophysiologic processes. The major central neurochemical systems are reviewed both anatomically and physiologically. An overview is provided of basic neuropharmacologic agents by class. Lastly, some of the newer neuropharmacological options for **treatment** of post-acute brain injury deficits are examined.

L70 ANSWER 46 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
92001073 EMBASE Document No.: 1992001073. Effect of anticholinergic agents upon acquired nystagmus: A double-blind study of trihexyphenidyl and tridihexethyl chloride. Leigh R.J.; Burnstine T.H.; Ruff R.L.; Kasmer R.J.. Department of Neurology, Cleveland University Hospitals, 2074 Abington Road,Cleveland, OH 44106, United States. Neurology 41/11 (1737-1741) 1991.
ISSN: 0028-3878. CODEN: NEURAI. Pub. Country: United States. Language: English. Summary Language: English.
AB We conducted a randomized, double-blind, crossover trial of two anticholinergic agents-trihexyphenidyl and tridihexethyl chloride (a quaternary anticholinergic that does not cross the blood-brain barrier)-in patients with acquired nystagmus and measured visual acuity and nystagmus before and at the end of 1 month on each medication. Of the 10 patients admitted to the study, only five completed trials of both drugs due to intolerance of medication or intercurrent illness. Of six patients who completed the trial of trihexyphenidyl, only one showed improvement. Of six patients who completed a trial of tridihexethyl chloride, four showed improvement. We conclude that (1) trihexyphenidyl is not a reliable **treatment** for acquired nystagmus, although occasional patients may benefit; (2) anticholinergic agents may suppress nystagmus by peripheral rather than central mechanisms; and (3) the side effects of anticholinergic agents limit their effectiveness in the **treatment** of nystagmus.

L70 ANSWER 47 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
91244597 EMBASE Document No.: 1991244597. Benzodiazepines - Contraindicated in the patient with chronic pain [1]. Boell R.; Rubin J.. Department of Anaesthetics, University of Natal, Durban, South Africa. South African Medical Journal 80/1 (59) 1991.
ISSN: 0038-2469. CODEN: SAMJAF. Pub. Country: South Africa. Language: English.

L70 ANSWER 48 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
90097954 EMBASE Document No.: 1990097954. Things that go bump in the night: The parasomnias revisited. Mahowald M.W.; Ettinger M.G.. Minnesota Regional Sleep Disorders Center, Hennepin Country Medical Center, 701 Park Avenue, Minneapolis, MN 55415, United States. Journal of Clinical Neurophysiology 7/1 (119-143) 1990.
ISSN: 0736-0258. CODEN: JCNEEQ. Pub. Country: United States. Language: English. Summary Language: English.
AB The parasomnias have been identified as a major category of **sleep disorders** and represent a group of physiologic and behavioral phenomena that occur exclusively during, or are augmented by, the sleeping

state. They are commonly encountered in clinical practice and are typically dismissed as 'bumps in the night' or attributed to psychiatric disease. Despite their often bizarre nature, most are readily explainable, diagnosable, and **treatable**. Some have formed the basis for art, literature, and folklore. Pertinent references from a wide variety of disciplines have been collected, and a clinical classification of the parasomnias is proposed to assist in the understanding, diagnosis, and management of these fascinating disorders.

L70 ANSWER 49 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
90217141 EMBASE Document No.: 1990217141. Causes, pathogenesis, and management of **sleep disorders**. Doghramji K.. Jefferson Medical College, Thomas Jefferson University, 1015 Walnut Street, 316 Curtis, Philadelphia, PA 19107, United States. Comprehensive Therapy 16/3 (49-59) 1990.
ISSN: 0098-8243. CODEN: COTHD3. Pub. Country: United States. Language: English. Summary Language: English.
AB One third of our lives are spent sleeping, from which we derive emotional and physical restoration. It is not surprising, therefore, that philosophers, scientists, and physicians have sought for centuries to understand the mysteries of sleep. It was not until 1953, however, that one of the most significant milestones in sleep research was achieved-the discovery of rapid eye movement (REM) sleep by Aesrinsky and Kleitman. Owing to their efforts, we now know that sleep is not the mere absence of wakefulness. In fact, the brain is highly active during sleep and produces a characteristic pattern of REM and non-REM (NREM) stages that alternate throughout the night-widely known as the architecture of sleep. The identification of constellations of abnormalities in the normal physiological patterns of sleep kindled the interest of the medical community in **sleep disorders**. There was soon established a community of clinicians specializing in the field of '' **sleep disorders** medicine.'' The American **Sleep Disorders** Association (ASDA) is today the largest organized body of sleep specialists. During its two decades of existence, it has established standards for clinical care and testing procedures, and has provided accreditation guidelines. It has also established board examinations for physicians, and those who succeed are referred to as Accredited Clinical Polysomnographers. The organization counts more than 930 individual members and 170 specialized facilities.

L70 ANSWER 50 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
89227959 EMBASE Document No.: 1989227959. [Managing **sleep disorders** in the elderly]. TROUBLES DU SOMMEIL CHEZ LES PERSONNES AGEES. Delariberette J.-M.; Reingewirtz S.. Fondation Rothschild, 75012 Paris, France. Gazette Medicale 96/29 (35-39) 1989.
ISSN: 0760-758X. CODEN: GAMEE8. Pub. Country: France. Language: French.

L70 ANSWER 51 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
88239409 EMBASE Document No.: 1988239409. Aging and **sleep disorders**. Benoit O.. Hop. Salpetriere, Paris, France. Concours Medical 110/33 (2923-2927) 1988.
ISSN: 0010-5309. CODEN: COMEAO. Pub. Country: France. Language: French.

L70 ANSWER 52 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
91225779 EMBASE Document No.: 1991225779. [Comparative study of tizanidine and baclofen in patients with chronic spasticity]. ESTUDIO COMPARATIVO DE TIZANIDINA CON BACLOFEN EN PACIENTES CON ESPASTICIDAD CRONICA. Pagano M.A.; Ferreiro M.E.; Herskovits E.. Seccion Electroneurofisiologia Clinica, Unidad Neurologia, Hospital General de Agudos Juan A. Fernandez, Cervino 3356, 1425 Buenos Aires, Argentina. Revista Neurologica Argentina 14/4 (268-276) 1988.
ISSN: 0325-0938. CODEN: RNARDS. Pub. Country: Argentina. Language: Spanish. Summary Language: English.

L70 ANSWER 53 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
88091464 EMBASE Document No.: 1988091464. Clonidine effect on spasticity: A clinical trial. Donovan W.H.; Carter R.E.; Rossi C.D.; Wilkerson M.A.. The
Institute for Rehabilitation and Research, Baylor College of Medicine, Houston, TX 77030, United States. Archives of Physical Medicine and Rehabilitation 69/3 I (193-194) 1988.
ISSN: 0003-9993. CODEN: APMHAI. Pub. Country: United States. Language: English. Summary Language: English.
AB Clonidine was used as an adjunct to baclofen in 55 patients with spasticity due to spinal cord injury. Dosage was held at the minimum effective amount for those who responded. No effect was seen in 24 patients (44%), although 31 (56%) benefitted from the drug. Patients were grouped as quadriplegics or paraplegics, having complete or incomplete lesions. Of all quadriplegics, seven of 11 complete (64%) and 17 of 25 incomplete patients (68%) responded; among the paraplegics, six of 15 complete (40%) and one of four incomplete patients (25%) improved. Side effects were limited to postural hypotension necessitating reduction in dosage in three patients that were successfully **treated**; in the unsuccessfully **treated** group, one patient had **insomnia**
, one had dizziness, and one had drowsiness.

L70 ANSWER 54 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
87073159 EMBASE Document No.: 1987073159. Restless legs syndrome **treatment** with dopaminergic drugs. Akpinar S.. Department of Neurology, Gulhane Medical Academy and Medical Faculty, Ankara, Turkey. Clinical Neuropharmacology 10/1 (69-79) 1987.
CODEN: CLNEDB. Pub. Country: United States. Language: English.

L70 ANSWER 55 OF 68 MEDLINE DUPLICATE 4
86210835 Document Number: 86210835. PubMed ID: 3705831. [Effect of fenibut on the nocturnal sleep of patients with the alcoholic abstinence syndrome]. Vliianie fenibuta na nochnoi son bol'nykh s alkogol'nym abstinentnym sindromom. Danilin V P; Krylov E N; Magalif A Iu; Rait M L. ZHURNAL NEVROPATOLOGII I PSIKHIATRII IMENI S. S. KORSAKOVA, (1986) 86 (2) 251-4. Journal code: Y9Y; 8710066. ISSN: 0044-4588. Pub. country: USSR. Language: Russian.
AB The authors studied the effect of the tranquilizer phenibut on sleep disturbances in alcoholics at the initial period following alcohol withdrawal. Sleep was registered polygraphically during 2 nights in 12 patients taking the drug and in 10 control patients. The drug did not affect the latent period of falling asleep, increasing, however, the duration of two major phases of sleep and reducing the duration of the

drowsiness stage. There was no marked influence on the subjective assessment of sleep.

L70 ANSWER 56 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
86201384 EMBASE Document No.: 1986201384. Health aspects of cannabis.
Hollister L.E.. Veterans Administration Medical Center, Palo Alto, CA, United States. Pharmacological Reviews 38/1 (1-20) 1986.
CODEN: PAREAQ. Pub. Country: United States. Language: English.
AB Marijuana seems firmly established as another social drug in Western countries, regardless of its current legal status. Patterns of use vary widely. As with other social drugs, the pattern of use is critical in determining adverse effects on health. Perhaps the major area of concern about marijuana use is among the very young. Using any drug on a regular basis that alters reality may be detrimental to the psychosocial maturation of young persons. Chronic use of marijuana may stunt the emotional growth of youngsters. Evidence for an amotivational syndrome is largely based on clinical reports; whether marijuana use is a cause or effect is uncertain. A marijuana psychosis, long rumored, has been difficult to prove. No one doubts that marijuana use may aggravate existing psychoses or other severe emotional disorders. Brain damage has not been proved. Physical dependence is rarely encountered in the usual patterns of social use, despite some degree of tolerance that may develop.
The endocrine effects of the drug might be expected to delay puberty in prepubertal boys, but actual instances have been rare. As with any material that is smoked, chronic smoking of marijuana will produce bronchitis; emphysema or lung cancer have not yet been documented. Cardiovascular effects of the drug are harmful to those with preexisting heart disease; fortunately the number of users with such conditions is minimal. Fears that the drug might accumulate in the body to the point of toxicity have been groundless. The potential deleterious effects of marijuana use on driving ability seem to be self-evident; proof of such impairment has been more difficult. The drug is probably harmful when taken during pregnancy, but the risk is uncertain. One would be prudent to avoid marijuana during pregnancy, just as one would do with most other drugs not essential to life or well-being. No clinical consequences have been noted from the effects of the drug on immune response, chromosomes, or cell metabolites. Contamination of marijuana by spraying with defoliants has created the clearest danger to health; such attempts to control production should be abandoned. **Therapeutic** uses for marijuana, THC, or cannabinoid homologs are being actively explored. Only the synthetic homolog, nabilone, has been approved for use to control nausea and vomiting associated with cancer chemotherapy. While little doubt remains that marijuana, THC, and nabilone are effective for this use, the advent of other drugs that are equally effective but with fewer adverse effects may make this use moot. Use of marijuana to reduce intraocular pressure in patients with glaucoma requires a feasible topical preparation of cannabinoids. Although some cannabinoids have analgesic activity, the abundance of new opioid analgesics with little dependence liability provides tough competition. The use of marijuana as a muscle relaxant, though promising, has not yet been adequately studied. Clinical studies to establish the efficacy of cannabidiol as an anticonvulsant or to compare it with other anticonvulsants are still to be done. Other

potential **therapeutic** uses, such as **treatment** of bronchitis, asthma, **insomnia**, hypertension, abstinence syndromes, migraine, anorexia, and alcoholism, are most unlikely prospects. Compared with other licit social drugs, such as alcohol, tobacco, and caffeine, marijuana does not pose greater risk. One would wonder, however, if society were given a choice based on current knowledge, whether these drugs would have been granted their present status of acceptance. Marijuana may prove to have greater **therapeutic** potential than these other social drugs, but many questions still need to be answered.

L70 ANSWER 57 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
86044947 EMBASE Document No.: 1986044947. The **treatment** of tardive dyskinesia with baclofen. Glazer W.M.; Moore D.C.; Bowers M.B.; et al.. Department of Psychiatry, Yale University School of Medicine, New Haven, CT 06519, United States. Psychopharmacology 87/4 (480-483) 1985.
CODEN: PSCHDL. Pub. Country: Germany. Language: English.
AB Thirty-one psychiatric outpatients with tardive dyskinesia (TD) on neuroleptic medication were followed in a double-blind, randomized trial comparing baclofen (30-90 mg per day) to placebo. A repeated measures analysis of variance revealed no statistical difference between the baclofen-**treated** group and the placebo group for the total Abnormal Involuntary Movement Scale (AIMS) scores. There was a trend (P = 0.09) for an initial improvement, then a worsening of frequency counts across four visits. The authors attempt to explain this finding on the basis of information obtained from animal research.

L70 ANSWER 58 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
85224719 EMBASE Document No.: 1985224719. Amantadine **therapy** for fatigue in multiple sclerosis. Murray T.J.. Clinical Research Center, Halifax, NS B3H 4H7, Canada. Canadian Journal of Neurological Sciences 12/3 (251-254) 1985.
CODEN: CJNSA2. Pub. Country: Canada. Language: English. Summary Language: French.
AB We carried out a double blind control study of fatigue in 32 patients with multiple sclerosis, comparing amantadine hydrochloride 100 mg twice a day and placebo. On amantadine 31% had marked improvement; 15.6% moderate improvement; 15.6% mild improvement; and 36.5% unchanged. On placebo, none noted marked improvement; one claimed moderate improvement on either amantadine or placebo. 18.7% reported mild improvement on placebo; and most of them had similar or more response to amantadine. No patient selected placebo over amantadine at the end of the trial. Overall improvement was seen in 62.5% of patients on amantadine and 21.8% on placebo. Additional experience up to two years suggests continued benefit but common and important side-effects.

L70 ANSWER 59 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
84246302 EMBASE Document No.: 1984246302. [Withdrawal syndromes. **Treatment** of benzodiazepine dependency with baclofen].
ENTZUGSSYNDROME. BEHANDLUNG EINER BENZODIAZEPIN-ABHANGIGKEIT MIT BACLOFEN.
Renfordt E.; Wirtz W.. Psychiatrische Klinik der Freien Universitat, D-1000 Berlin 19, Germany. Munchener Medizinische Wochenschrift 126/42

(1214-1215) 1984.
CODEN: MMWOAU. Pub. Country: Germany. Language: German. Summary Language: English.
AB Benzodiazepines are prescribed very often. In comparison to other sedative drugs their potential of dependency is lower. Two types of benzodiazepine dependency must be differentiated: Firstly, patients with increasing dosage and severe withdrawal reactions, and secondly, patients with long-term **treatment** and low dosage, who also show withdrawal symptoms with special disturbances of sensory perception. Such a case is reported here. This long-lasting and severe withdrawal syndrome could be **treated** with baclofen.

L70 ANSWER 60 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
83140917 EMBASE Document No.: 1983140917. Cannabis: Finally a **therapeutic** agent?. Hollister L.E.. Veterans Adm. Med. Cent., Palo Alto, CA 94304, United States. Drug and Alcohol Dependence 11/2 (135-145) 1983.
CODEN: DADEDV. Pub. Country: Switzerland. Language: English.
AB At present, cannabis has not yet made its way back into the formularies. It is unlikely that it ever will. The ingenuity of pharmaceutical chemists may yet find a way to exploit some of these potential **therapeutic** uses without the side effects that make cannabis itself undesirable. Modern inquiry into this drug spans less than a decade, which is hardly enough time to answer the theoretical question posed in the title of this paper.

L70 ANSWER 61 OF 68 MEDLINE
83018127 Document Number: 83018127. PubMed ID: 7124010. [Tasks and problems of general medical care in certain groups of disorders. Patients with mixed (motor and sensory) paralyses--from a neurological viewpoint]. Aufgaben und Probleme der allgemeinarztlichen Betreuung bestimmter Schadensgruppen. Patienten mit gemischten (motorischen und sensiblen) Lahmungen--aus der Sicht der Neurologie. Kirchner P. ZEITSCHRIFT FUR ARZTLICHE FORTBILDUNG, (1982 Jun 1) 76 (11) 505-7. Journal code: XS6; 0414004. ISSN: 0044-2178. Pub. country: GERMANY, EAST: German Democratic Republic. Language: German.

L70 ANSWER 62 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
82209510 EMBASE Document No.: 1982209510. Tizanidine in the **treatment** of spasticity. Newman P.M.; Nogues M.; Newman P.K.; et al.. Reg. Neurol. Cent., Newcastle Gen. Hosp., Newcastle upon Tyne, United Kingdom. European Journal of Clinical Pharmacology 23/1 (31-35) 1982.
CODEN: EJCPAS. Pub. Country: Germany. Language: English.
AB A double-blind crossover trial compared tizanidine with baclofen in 36 patients with spasticity. Tizanidine appeared to reduce lower limb spasticity more effectively and to have fewer side effects, but no statistically significant differences emerged when the two drugs were compared. An additional open study of tizanidine confirmed the beneficial action in a selected minority of patients with spasticiy. This drug may have an important role in the management of spasticity, but further studies are required.

L70 ANSWER 63 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
80208931 EMBASE Document No.: 1980208931. The present state of tranquility.
Iverson L.L.. MRC Neurochem. Pharmacol. Unit, Dept. Pharmacol., Med. Sch.,
Cambridge, United Kingdom. Nature 285/5763 (285-286) 1980.
CODEN: NATUAS. Pub. Country: United Kingdom. Language: English.

L70 ANSWER 64 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
79129749 EMBASE Document No.: 1979129749. **Treatment** of spasticity with baclofen and salbutamol. Tolonen U.; Myllyla V.; Hokkanen E.; Tokola O.. Dept. Neurol., Univ. Cent. Hosp., SF-90220 Oulu 22, Finland. Current Therapeutic Research - Clinical and Experimental 25/2 (251-259) 1979.
CODEN: CTCEA. Pub. Country: United States. Language: English.
AB The effects of baclofen, a muscle relaxant for **treatment** of spasticity, and salbutamol, a .beta.-adrenergic drug, were investigated in
15 spastic in-patients. Changes in spasticity, tendon reflexes, muscle power and mobility of the patients were measured clinically. A highly significant reduction in spasticity was observed during the baclofen trial. Tendon reflexes of the patients diminished under baclofen **treatment**, but muscle power and mobility did not change markedly. When salbutamol was added to the **treatment**, no further improvement could be observed in any of the parameters studied. Although it has been reported that .beta.-adrenoreceptor stimulants may be beneficial for spastic patients, the present results suggest that combination of salbutamol with baclofen does not improve the effect achieved with baclofen alone.

L70 ANSWER 65 OF 68 MEDLINE
78207499 Document Number: 78207499. PubMed ID: 352086. Baclofen trial in six myotonic dystrophy patients. Guilleminault C; Flagg W H; Coburn S C; Dement W C. ACTA NEUROLOGICA SCANDINAVICA, (1978 Mar) 57 (3) 232-8.
Journal code: 1BS; 0370336. ISSN: 0001-6314. Pub. country: Denmark.
Language: English.
AB Six young adult patients with grade I myotonic dystrophy and a complaint of daytime somnolence underwent 36-hour polygraphic monitoring, dynamometric and electromyographic studies before and under baclofen (60 mg/daily). Patients with the most severe daytime sleepiness had pathologic
Sleep Apnea Indexes. After 6 weeks' ingestion of baclofen, no subjective or objective effect on patient symptomatology was found.

L70 ANSWER 66 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
79027046 EMBASE Document No.: 1979027046. Effect of derivatives of gamma-aminobutyric acid on sleep disturbances in neuroses. Vlasov N.A.. Dept. Pathol. Auton. Nerv. Syst., I.M. Sechenov I Moscow Med. Inst., Moscow, Russia. Bulletin of Experimental Biology and Medicine 85/2 (169-171) 1978.
CODEN: BEXBAN. Pub. Country: United States. Language: English.

L70 ANSWER 67 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
78141769 EMBASE Document No.: 1978141769. Baclofen, a new antispastic drug. A
controlled, multicenter trial in patients with multiple sclerosis. Sachais

B.A.; Logue J.N.; Carey M.S.. Med. Dept., CIBA GEIGY Corp., Summit, N.J. 07901, United States. Archives of Neurology 34/7 (422-428) 1977.
CODEN: ARNEAS. Pub. Country: United States. Language: English.

AB A double-blind, five-week, multicenter trial was conducted to compare the effect of baclofen, a unique amino acid derivative, with that of placebo in the **treatment** of 106 patients with spasticity secondary to multiple sclerosis. A spasticity assessment method that included a neurological examination, physicians' clinical impressions of changes during **treatment**, and a patient's self-evaluation was used to determine efficacy. This method showed baclofen (70 to 80 mg daily maximum, titrated) is effective relative to placebo in relieving symptoms of spasticity, such as flexor spasms, pain and stiffness, resistance to passive joint movements, and tendon stretch reflexes. Patient self-evaluation results also showed a significant reduction in clonus. Side effects were generally mild and transient.

L70 ANSWER 68 OF 68 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
75070994 EMBASE Document No.: 1975070994. A comparison of baclofen and diazepam in the **treatment** of spasticity. Cartlidge N.E.F.; Hudgson P.; Weightman D.. Dept. Neurol., Roy. Victoria Infirm., Univ. Newcastle upon Tyne, United Kingdom. Journal of the Neurological Sciences 23/1 (17-24) 1974.
CODEN: JNSCAG. Language: English.

AB Baclofen has recently been shown to be significantly more effective than placebo in the **treatment** of spasticity due to lesions in the spinal cord. A doubleblind controlled trial of baclofen against diazepam was carried out at two dose levels and this showed no significant difference between the two drugs. There was, however, a tendency in favour of baclofen, particularly in higher doses. In addition a significant difference in response to baclofen was associated with the weight of patients; this association was not found when they were taking diapezam.

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             1 66514-99-6/BI
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L71          2 (1134-47-0/BI OR 66514-99-6/BI)
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L71 ANSWER 1 OF 2 REGISTRY COPYRIGHT 2001 ACS
RN **66514-99-6** REGISTRY
CN Benzenepropanoic acid, .beta.-(aminomethyl)-4-chloro-, (.beta.S)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Benzenepropanoic acid, .beta.-(aminomethyl)-4-chloro-, (S)-
OTHER NAMES:
CN (+)-Baclofen
CN (S)-4-Amino-3-(4-chlorophenyl)butanoic acid
CN (S)-Baclofen
CN d-Baclofen
CN L-(+)-Baclofen
CN L-Baclofen
CN S(+)-Baclofen
FS STEREOSEARCH
MF C10 H12 Cl N O2
CI COM
LC STN Files: ANABSTR, BEILSTEIN*, BIOBUSINESS, BIOSIS, CA, CAPLUS, CASREACT, CEN, TOXLIT, USPATFULL
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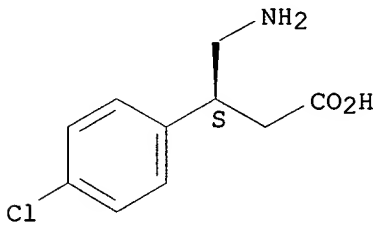


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             223 REFERENCES IN FILE CA (1967 TO DATE)
             223 REFERENCES IN FILE CAPLUS (1967 TO DATE)
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REFERENCE 2: 134:290661 Presynaptic regulation of spinal cord tachykinin signaling via GABAB but not GABAA receptor activation. Riley, R. C.; Trafton, J. A.; Chi, S. I.; Basbaum, A. I. (Departments of Anatomy and Physiology and W. M. Keck Foundation Center for Integrative Neuroscience, University of California at San Francisco, San Francisco, CA, 94143, USA).
Neuroscience (Oxford, U. K.), 103(3), 725-737 (English) 2001. CODEN: NRSCDN. ISSN: 0306-4522. Publisher: Elsevier Science Ltd..

REFERENCE 3: 134:231440 Chiral analysis of baclofen by .alpha.-cyclodextrin-
modified capillary electrophoresis and laser-induced fluorescence detection. Chiang, Mei-Tsu; Chang, Sarah Y.; Whang, Chen-Wen (Department of Chemistry, Tunghai University, Taichung, 407, Taiwan).
Electrophoresis, 22(1), 123-127 (English) 2001. CODEN: ELCTDN. ISSN: 0173-0835. Publisher: Wiley-VCH Verlag GmbH.

REFERENCE 4: 133:217711 Neuropharmacological treatment of sleep-related breathing disorders. Radulovacki, Miodrag; Carley, David W. (The Board of
Trustees of the University of Illinois, USA). PCT Int. Appl. WO 2000051590 A2 20000908, 27 pp. DESIGNATED STATES: W: CA, JP, US; RW: AT,
BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE. (English). CODEN: PIXXD2. APPLICATION: WO 2000-US5834 20000303. PRIORITY: US 1999-PV122846 19990304.

REFERENCE 5: 133:183136 Separation of enantiomers of drugs by capillary electrophoresis with permethyl-gamma-cyclodextrin as chiral solvating agent. Koppenhoefer, Bernhard; Jakob, Andreas; Zhu, Xiaofeng; Lin, Bingcheng (Institute of Organic Chemistry, University of Tubingen, Germany). J. High Resolut. Chromatogr., 23(6), 413-429 (English) 2000. CODEN: JHRCE7. ISSN: 0935-6304. Publisher: Wiley-VCH Verlag GmbH.

REFERENCE 6: 131:299661 Synthesis of conformationally restricted analogs of baclofen, a potent GABAB receptor agonist, by the introduction of a cyclopropane ring. Shuto, Satoshi; Shibuya, Nobuko; Yamada, Shizuo; Ohkura, Takashi; Kimura, Ryohei; Matsuda, Akira (Graduate School of Pharmaceutical Science, Hokkaido University, Sapporo, 060-0812, Japan). Chem. Pharm. Bull., 47(8), 1188-1192 (English) 1999. CODEN: CPBTAL. ISSN: 0009-2363. Publisher: Pharmaceutical Society of Japan.

REFERENCE 7: 131:284829 Critical evaluation of the streptozotocin model of painful diabetic neuropathy in the rat. Fox, Alyson; Eastwood, Christopher; Gentry, Clive; Manning, Donald; Urban, Laszlo (Novartis Institute for Medical Sciences, London, WC1E 6BN, UK). Pain, 81(3), 307-316 (English) 1999. CODEN: PAINDB. ISSN: 0304-3959. Publisher: Elsevier Science B.V..

REFERENCE 8: 131:252676 The N-terminal domain of .gamma.-aminobutyric acidB receptors is sufficient to specify agonist and antagonist binding. Malitschek, Barbara; Schweizer, Claude; Keir, Miranda; Heid, Jakob; Froestl, Wolfgang; Mosbacher, Johannes; Kuhn, Rainer; Henley, Jeremy; Joly, Cecile; Pin, Jean-Phillippe; Kaupmann, Klemens; Bettler, Bernhard (Nervous System Research, Novartis Pharma AG, Basel, Switz.). Mol. Pharmacol., 56(2), 448-454 (English) 1999. CODEN: MOPMA3. ISSN: 0026-895X. Publisher: American Society for Pharmacology and Experimental Therapeutics.

REFERENCE 9: 131:237936 Characterization of benzodiazepine receptors on human lymphocytes. Lesnichuk, S. A.; Katukov, V. Yu.; Porodenko, N. V.; Severin, E. S. (Department of Biochemistry, Center for Molecular Diagnostics and Treatment, I. M. Setchenov Moscow Medical Academy, Moscow, Russia). Bull. Exp. Biol. Med., Volume Date 1998, 126(10), 1003-1005 (English) 1999. CODEN: BEXBAN. ISSN: 0007-4888. Publisher: Consultants Bureau.

REFERENCE 10: 131:157932 Recent progress in the synthesis of .gamma.-aminobutyric acid analogues. Jia, Lan-Qi; Jiang, Huan-Feng (Guangzhou Institute of Chemistry, Chinese Academy of Sciences, Canton, 510650, Peop. Rep. China). Youji Huaxue, 19(4), 356-363 (Chinese) 1999. CODEN: YCHHDX. ISSN: 0253-2786. Publisher: Kexue Chubanshe.

L71 ANSWER 2 OF 2 REGISTRY COPYRIGHT 2001 ACS
RN **1134-47-0** REGISTRY
CN Benzenepropanoic acid, .beta.-(aminomethyl)-4-chloro- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Hydrocinnamic acid, .beta.-(aminomethyl)-p-chloro- (7CI, 8CI)
OTHER NAMES:
CN (.+-.)-Baclofen
CN .beta.-(4-Chlorophenyl)-.gamma.-aminobutyric acid
CN .beta.-(Aminomethyl)-p-chlorohydrocinnamic acid
CN .beta.-(p-Chlorophenyl)-.gamma.-aminobutyric acid
CN .beta.-p-Chlorophenyl-GABA
CN 4-Amino-3-(4-chlorophenyl)butyric acid
CN 4-Amino-3-(p-chlorophenyl)butyric acid
CN Ba 34647
CN Baclofen
CN C 34647Ba
CN CIBA Ba 34647
CN DL-4-Amino-3-p-chlorophenylbutanoic acid
CN DL-Baclofen
CN dl-Baclofen
CN Lioresal
FS 3D CONCORD
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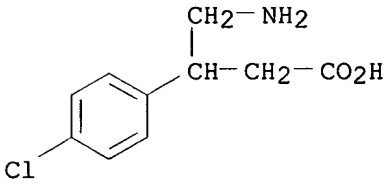

1377 REFERENCES IN FILE CA (1967 TO DATE)
36 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
1378 REFERENCES IN FILE CAPLUS (1967 TO DATE)
1 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

REFERENCE 1: 135:190220 Baclofen treatment in Tourette syndrome: a double-blind, placebo-controlled, crossover trial. Singer, Harvey S.; Wendlandt, John; Krieger, Madeline; Giuliano, Joseph (Departments of Neurology and Pediatrics, Johns Hopkins University School of Medicine, Baltimore, MD, USA). Neurology, 56(5), 599-604 (English) 2001. CODEN: NEURAI. ISSN: 0028-3878. Publisher: Lippincott Williams & Wilkins.

REFERENCE 2: 135:190213 Lack of sex-related differences in the prevention by
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REFERENCE 3: 135:162865 GABAB receptors in anterior pituitary cells. Mechanism of action coupled to endocrine effects. Lux-Lantos, Victoria; Becu-Villalobos, Damasia; Bianchi, Maria; Rey-Roldan, Estela; Chamson-Reig, Astrid; Pignataro, Omar; Libertun, Carlos (Instituto de Biologia y Medicina Experimental-CONICET and Department of Physiology, School of Medicine, University of Buenos Aires, Argent.). Neuroendocrinology, 73(5), 334-343 (English) 2001. CODEN: NUNDAJ. ISSN: 0028-3835. Publisher: S. Karger AG.

REFERENCE 4: 135:162856 Wortmannin inhibits platelet aggregation produced by
interaction of .gamma.-aminobutyric acid and the calcium ionophore, A23187. Saeed, S. A.; Connor, J. D.; Rasheed, H.; Gilani, A. H.; Lodhi, S.; Ali, S. S.; Rashid, S.; Khan, E.; Shah, B. H. (Department of Physiology and Pharmacology, The Aga Khan University, Karachi, 74800, Pak.). Res. Commun. Mol. Pathol. Pharmacol., 109(1 & 2), 87-93 (English) 2001. CODEN: RCMPE6. ISSN: 1078-0297. Publisher: PJD Publications Ltd..

REFERENCE 5: 135:162823 Constitutive expression of functional GABAB receptors in mIL-tsA58 cells requires both GABAB(1) and GABAB(2) genes. Chronwall, Bibie M.; Davis, Tracy D.; Severidt, Mathew W.; Wolfe, Shannyn E.; McCarson, Kenneth E.; Beatty, Diane M.; Low, Malcolm J.; Morris, Stephen J.; Enna, Salvatore J. (School of Biological Sciences, University of Missouri-Kansas City, Kansas City, MO, 64110, USA). J. Neurochem., 77(5), 1237-1247 (English) 2001. CODEN: JONRA9. ISSN: 0022-3042. Publisher: Blackwell Science Ltd..

REFERENCE 6: 135:147293 Involvement of GABAergic neurotransmission in the neurobiology of the apomorphine-induced aggressive behavior paradigm, a model of psychotic behavior in rats. Rudissaar, R.; Pruus, K.; Skrebuhhova-Malmros, T.; Allikmets, L.; Matto, V. (Department of Pharmacology, University of Tartu, Tartu, Estonia). Methods Find. Exp. Clin. Pharmacol., 22(8), 637-640 (English) 2000. CODEN: MFEPDX. ISSN: 0379-0355. Publisher: Prous Science.

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Yaolixue Tongbao, 16(6), 702-705 (Chinese) 2000. CODEN: ZYTOE8. ISSN: 1001-1978. Publisher: Anhui Yike Daxue Linchuan Yaoli Yanjiuso.

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Refs: 117.
ISSN: 0890-8567. CODEN: JAAPEE. Pub. Country: United States. Language: English. Summary Language: English.
AB Mental retardation (MR) is a heterogeneous condition defined by significantly subaverage intellectual and adaptive functioning and onset before age 18 years. With an approach underscored by principles of normalization and the availability of appropriate education and habilitation, persons with MR generally live, are educated, and work in the community. Mental disorders occur more commonly in persons with MR than in the general population. However, the disorders themselves are essentially the same. Clinical presentations can be modified by poor language skills and by life circumstances, so a diagnosis might hinge more heavily on observable behavioral symptoms. The diagnostic assessment considers and synthesizes the : biological, psychological, and psychosocial context of mental disorders. Comprehensive **treatment** integrating various approaches, including family counseling, pharmacological, educational, habilitative, and milieu interventions is the rule.

L40 ANSWER 74 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998312069 EMBASE [New antiepileptic drugs, what can we expect from them?]. LES NOUVEAUX MEDICAMENTS ANTIEPILEPTIQUES: QU'EN ATTENDRE?. Sadzot B.; Grisar Th.. Dr. B. Sadzot, Service de Neurologie, Unite d'Epileptologie, Hopital Universitaire de Liege, 4000 Liege, Belgium. bsadzot@chu.ulg.ac.be. Medecine et Hygiene 56/2219 (1548-1553) 30 Aug 1998.
Refs: 16.
ISSN: 0025-6749. CODEN: MEHGAB. Pub. Country: Switzerland. Language: French. Summary Language: English; French.
AB In the past five years, not less than eight antiepileptic drugs have been made available to patients. To make it out amongst this plethora and to allow a rational prescription, we have briefly summarized their properties, their side effects, and their indications in the **treatment** of the epilepsies. Right now, these new AE should only be prescribed on a second intention basis, when classical AE do not control seizures or if they are not well enough tolerated.

L40 ANSWER 75 OF 140 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
1998300826 EMBASE Neuropharmacology in the elderly. Kompoliti K.; Goetz C.. Dr. K. Kompoliti, Department of Neurological Sciences, R.-Presbyterian-St Luke's Med. Ctr., 1725 W. Harrison Street, Chicago, IL 60612, United States. Neurologic Clinics 16/3 (599-610) 1998.
Refs: 32.
ISSN: 0733-8619. CODEN: NECLEG. Pub. Country: United States. Language: English. Summary Language: English.
AB Drug **therapy** in the elderly is complicated by many factors. The elderly have declining physiologic functions of most organ systems, multiple diseases and symptoms, and altered pharmacokinetics and pharmacodynamics. They often receive care from more than one doctor, which adds to the complexity of their **therapeutic** regimen. Confusion and and forgetfulness also add to the risk of **treatment**. Old people may be a homogeneous group as defined by age, but they are quite heterogeneous in the response of their brains to psychotropic drugs.

L40 ANSWER 95 OF 140 BIOSIS COPYRIGHT 2001 BIOSIS
1997:191740 Document No.: PREV199799490943. Open-label trial of gabapentin for

periodic limb movements **disorder** of **sleep**. Ehrenberg, Bruce L. (1); Mueller-Schwarze, Annette (1); Frankel, Faith. (1) Boston, MA USA. Neurology, (1997) Vol. 48, No. 3 SUPPL. 2, pp. A278-A279. Meeting Info.: 49th Annual Meeting of the American Academy of Neurology Boston, Massachusetts, USA April 12-19, 1997 ISSN: 0028-3878. Language: English.

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